STANDARD COPY REQUEST FORM

NAME: ____________________________  DROP OFF DATE: _______________________

EXTENSION: ________________________  TIME: ____________________________

DEPARTMENT: _______________________  PICK UP DATE: ______________________

ORDER INFORMATION

QUANTITY: _________________________

UNLESS OTHERWISE INDICATED ALL COPY JOBS WILL BE PRINTED DOUBLE SIDED ON WHITE PAPER.

ADDITIONAL OPTIONS [PLEASE CIRCLE]

STAPLE: CORNER BOOK  BOOKLET

SIDES: SINGLE SIDED  DOUBLE SIDED

PAPER OPTIONS [PLEASE CIRCLE]

PASTELS: PINK  SALMON  CANARY  GOLDENROD  CREAM  GREEN  BLUE  LILAC

BRIGHTS: RED  PULSAR PINK  COSMIC ORANGE  SOLAR YELLOW  TERRA GREEN

SPECIAL INSTRUCTIONS: ________________________________________________________

_________________________________________________________

IMAGING CENTER STAFF USE ONLY

DATE COMPLETED:  TIME:  COMPLETED BY:  NOTIFIED:

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