

document:

COMPLETED TOTAL COST

\$

Title: _____

Date Ordered _____ Full Dept. GL # _____

Date Required _____ Requested by _____

of Originals _____ Telephone _____

of Copies Requested _____ Distribution (see below) ☐ Yes ☐ No

printing info:

☐ Black/White☐ Color☐ One Sided☐ Two Sided☐ Collated

paper info:

☐ 8 1/2" x 11"☐ 8 1/2" x 14"☐ 11" x 17"☐ Other _____☐ Indicate paper choice if other than white _____

binding/finishing info:

☐ Single Staple☐ Double Staple☐ GBC Bind☐ 3 Hole Punch☐ Band☐ Fold☐ Special Requirements (trim size etc. specify below)

distribution instructions:

COPY CENTER USE ONLY

Order taken by ☐ PV ☐ DC ☐ FS ☐ CB

Received in Copy Center _____ Date _____

Email completed form to copycenter@rwu.edu