

UIW PRINT SHOP

REQUEST FORM

Requested by: _____

Date: _____

Department : _____ Phone # _____

Account # : _____ - 6712 - _____

Date Needed : _____

of originals : _____

Time Needed : _____

Follow Post-it Notes

Number of Copies Needed: _____

Color	Paper	Size	Description	NCR	Binding
White	Normal	Letter	Single Sided	2 - Part	GBC Punch & Bind
Bright or Pastel	Cardstock	Legal	Double Sided	3 - Part	Padding
<i>Specify Color</i>	Provided	Ledger	Convert 1-2	4 - Part	Laminate
	Transparency		Staple	5 - Part	<i>Specify finished size</i>
Color Copies			Loose / Collate		Fold
<i>* Note: All color copies will have at least a 24 hr turn around.</i>			3 - Hole Punch		Cut

Special Instructions

PRINTER'S NOTES:

TOTAL COPIES : _____ PS OPERATOR INIT. _____

TOTAL AMOUNT : \$ _____

PICKED UP BY (PRINT) : _____

SIGNATURE OF APPROVAL _____ DATE _____

BY REVIEWING AND SIGNING YOU HAVE AGREED THAT THE COPY JOB WAS DONE TO YOUR SATISFACTION.

White Copy - Copy Center

Yellow Copy - Customer