

---Imaging Center Printing Request---

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Imaging Center Hours 4:00 AM – 8:30 PM

Please email all requests to:
Imaging.Center@wflboces.org

Request Date: _____ Date Needed: _____ Job TITLE _____

of Original Pages: _____ # of Copies Requested _____ District/Bldg. _____

Requested by _____ Contact#/Email _____

-----Please circle or fill in information as needed-----

PRINT	Originals	1 sided	2 sided	Copies	1 sided	2 sided
PAPER	Size:	8 ½ x 11	8 ½ x 14	11 x 17	Other: _____	
	Color:	White		Other: _____		
PAPER WEIGHT/TYPE	20# (regular)	60/70# (vellum)	65/90# (cover)	NCR (carbonless)	_____# part	
PRINT COLOR	BLACK		FULL COLOR			
COVERS	Front Only	Both	COLOR: _____			
STAPLE	Top Left	Dual Staple		No Staple		
PAMPHLET/BOOKLET (includes center staples)	8 ½ x 11	8 ½ x 14		11 x 17		
3 HOLE PUNCH	Yes	No				
BINDERY	Thermal (black)		Coil (black)		Padded	
FOLDING	½ Fold	Tri-Fold	Z-fold	Other: _____		
COLLATING	Yes	No				

SPECIAL INSTRUCTIONS:

APPROVED BY _____ TITLE _____ DATE _____