

REQUEST FOR QUICK-PRINTING

- Maximum number of copies *PER ORIGINAL*: 200
- Maximum number of *TOTAL* copies: 2000
- Originals must be photocopier ready
- The only options available are shown on this form
- Copyrighted materials must be accompanied by a copyright release

FILL THIS FORM OUT COMPLETELY
 Incomplete instructions will result in unnecessary delays

1








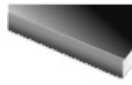
JOB NAME _____
Description of material to be copied

NUMBER OF COPIES NEEDED _____ **DATE NEEDED** ____/____/____
Example: "30 copies of 4 originals" Month Day Year

2

COPY PAPER <input type="checkbox"/> 8.5" x 11" (letter) <input type="checkbox"/> 8.5" x 14" (legal) <input type="checkbox"/> 11" x 17" (ledger) <input type="checkbox"/> White <input type="checkbox"/> 3-Hole White <input type="checkbox"/> Yellow <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Pink <input type="checkbox"/> Goldenrod <input type="checkbox"/> Ivory	OR ⇔	CARDSTOCK <input type="checkbox"/> 8.5" x 11" <input type="checkbox"/> 11" x 17" <input type="checkbox"/> White <input type="checkbox"/> Yellow <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Pink <input type="checkbox"/> Salmon <input type="checkbox"/> Buff	OR ⇔	OTHER PAPER (call for availability) _____ _____ _____
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3

<input type="checkbox"/> Black print <input type="checkbox"/> Color print COPY MODE (check only ONE): <input type="checkbox"/> 1-sided originals → 1-sided copies <input type="checkbox"/> 1-sided originals → 2-sided copies <input type="checkbox"/> 2-sided originals → 2-sided copies <input type="checkbox"/> 2-sided originals → 1-sided copies	OTHER INSTRUCTIONS _____ _____ _____
COLLATE COPIES? <input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> N/A	
BINDING OPTIONS: Stapling Some restrictions apply <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  (Fold)	<input type="checkbox"/>  Book Bind Wraparound cover requires trimming open edge

4

DELIVER COPIES TO _____
Print Name School or Department

APPROVED _____ **BUDGET #** _____
Administrator's Signature Required

FOR PRINTING DEPARTMENT USE • DO NOT WRITE BELOW THIS LINE

Number of Originals _____ Paper: _____ Copyright: OK <input type="checkbox"/> VIOL <input type="checkbox"/> Product Code _____ Job Number _____ File Type/Location _____ <input type="checkbox"/> Press <input type="checkbox"/> Copier <input type="checkbox"/> Color Imp/set _____	Received _____ Completed _____ <small>DATE OPERATOR</small> Delivered _____ <small>DATE</small>
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