



# ---Imaging Center Printing Request---

John Bowman, Manager 315-332-7420  
Joseph Precourt, Assistant [imaging.center@wflboces.org](mailto:imaging.center@wflboces.org)  
Imaging Center Hours 7:00 AM – 3:30 PM

Please email all requests to:  
[Imaging.Center@wflboces.org](mailto:Imaging.Center@wflboces.org)

Request Date: \_\_\_\_\_ Date Needed: \_\_\_\_\_ Job Description \_\_\_\_\_

# of Original Pages: <sup>Not sheets</sup> \_\_\_\_\_ # of Copies Requested \_\_\_\_\_ District/Bldg. \_\_\_\_\_

Requested by \_\_\_\_\_ Contact#/Email \_\_\_\_\_

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

<b>PRINT</b>	<b>Originals</b>	1 sided	2 sided	<b>Copies</b>	1 sided	2 sided
<b>PAPER</b>	<b>Size:</b>	8 ½ x 11	11 x 17	12 x 18 Gloss Only	Other:	
	<b>Color:</b>	White		Other:		
<b>PAPER WEIGHT/TYPE</b>	20# (regular)	60# offset	67/90# (cover)	NCR (carbonless)	_____# part	
<b>PRINT COLOR</b>	BLACK		FULL COLOR			
<b>COVERS</b>	Front Only	Both		Color:		
	Both required for Thermal and Coil Books					
<b>STAPLE</b>	Top Left	Dual Staple		No Staple		
<b>BOOK / BOOKLET (includes center staples)</b>	Finished size					
	5 ½ x 8 ½	8 ½ x 11		8 ½ x 7		
<b>3 HOLE PUNCH</b>	Yes	No				
<b>BINDERY</b>	Square Back		Thermal (black)	Coil / Spiral (black)		
<b>FOLDING</b>	½ Fold	Tri-Fold	Z-fold	Other:		
<b>COLLATING</b>	Yes	No				

**SPECIAL INSTRUCTIONS:**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_