

NAME _____

No. of Originals _____

SCHOOL NAME _____

TODAY'S DATE _____

DEPARTMENT _____

No. Of Copies Needed _____

DATE / TIME NEEDED _____

| | | | |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> Letter Size | <input type="checkbox"/> Standard White | <input type="checkbox"/> Print ONE Side | <input type="checkbox"/> Not Collated |
| <input type="checkbox"/> Legal Size | <input type="checkbox"/> Recycled White | <input type="checkbox"/> Front and Back | <input type="checkbox"/> Collate Only |
| <input type="checkbox"/> 11" x 17" | <input type="checkbox"/> Pastel _____ | <input type="checkbox"/> FULL COLOR COPY | <input type="checkbox"/> Collated & Stapled |
| <input type="checkbox"/> 3 HOLE Punch | <input type="checkbox"/> Hot _____ | | <input type="checkbox"/> Bind |
| <input type="checkbox"/> Poster 18x24 | <input type="checkbox"/> Cardstock _____ | | SPIRAL COIL BOOKLET |
| _____ color | <input type="checkbox"/> Fine _____ | | <input type="checkbox"/> Cut <input type="checkbox"/> Fold <input type="checkbox"/> Laminate |
| <input type="checkbox"/> Banner 18x48 | <input type="checkbox"/> Transparency | | |
| _____ color | | | |

Please select an alternate color paper: _____

Special Instructions: _____

Copy Central Use Only

Date Pick Up _____
AM PM

Date Delivered _____
AM PM

Checked By _____