

JOB REQUEST FORM

Student Payment

Cash

Check:

\$

(Check Number)

(Staff must attach register receipt to Job Request form)

Please print information and fill out completely

Time/Date In:	Time/Date Needed:	Proof Copy Needed: <input type="checkbox"/> YES <input type="checkbox"/> NO
Department:	Person Requesting	Authorized Signature:
Account Number:	Phone:	Deliver to:
Job Description:		<input type="checkbox"/> Pick-up

Digital Copies

BLACK & WHITE	FULL COLOR
Total Number of Originals: _____	Total Number of Originals: _____
Total Number of Copies: _____	Total Number of Copies: _____
Paper Size:	Paper Size:
Stapling:	Stapling:
Paper Color _____ Card Stock Color _____	Paper Color _____ Card Stock Color _____
<input type="checkbox"/> 20# <input type="checkbox"/> 60# <input type="checkbox"/> 70# <input type="checkbox"/> A65# (cover stock) <input type="checkbox"/> 2-part NCR <input type="checkbox"/> 3-part NCR <input type="checkbox"/> 1-1 SIDED <input type="checkbox"/> 2-2 SIDED <input type="checkbox"/> MIXED <input type="checkbox"/> 3-HOLE <input type="checkbox"/> 1-2 SIDED <input type="checkbox"/> 2-1 SIDED <input type="checkbox"/> AS IS <input type="checkbox"/> COLLATED	<input type="checkbox"/> 20# <input type="checkbox"/> 60# <input type="checkbox"/> 70# <input type="checkbox"/> A65# (cover stock) <input type="checkbox"/> 1-1 SIDED <input type="checkbox"/> 2-2 SIDED <input type="checkbox"/> MIXED <input type="checkbox"/> 3-HOLE <input type="checkbox"/> 1-2 SIDED <input type="checkbox"/> 2-1 SIDED <input type="checkbox"/> AS IS <input type="checkbox"/> COLLATED

Finishing & Other Services

BOOK BINDING (Tape or GBC) FRONT COVER _____ BACK COVER _____ COMB COLOR _____ <i>(GBC COMB ONLY)</i>	CUTTING <input type="checkbox"/> 2-up <input type="checkbox"/> 3-up <input type="checkbox"/> 4-up <input type="checkbox"/> 6-up <input type="checkbox"/> 8-up <input type="checkbox"/> 10-up <input type="checkbox"/> Custom (sketch)	FOLDING <input type="checkbox"/> TEXT IN <input type="checkbox"/> TEXT OUT
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PADDING Sheets Per Pad _____ Total # of Pads _____ Pad Size _____	BUSINESS CARDS QUANTITY _____	
LETTERHEAD <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 1000 <input type="checkbox"/> Other _____	WATERMARK ENVELOPES <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 1000 <input type="checkbox"/> Other _____	ENVELOPES Color: _____ <input type="checkbox"/> #9 <input type="checkbox"/> #10 <input type="checkbox"/> 6 x 9 <input type="checkbox"/> 6.5 x 9.5 <input type="checkbox"/> 9 x 12 <input type="checkbox"/> 10 x 13 <input type="checkbox"/> Other _____

Special Instructions

Document Center Use Only

Total Impressions: _____ **Date Completed:** _____ **Completed By:** _____