
NAME

SCHOOL NAME

NO. OF ORIGINALS

TODAYS DATE

DEPARTMENT	ACCOUNT #	NO. COPIES NEEDED	DATE/TIME NEEDED
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<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 _____ color	<input type="checkbox"/> FULL COLOR Copy	<input type="checkbox"/> Collate and Staple
<input type="checkbox"/> 3 Hole Punch	<input type="checkbox"/> Hot _____ color		<input type="checkbox"/> Bind
<input type="checkbox"/> Poster 18x24 _____ color	<input type="checkbox"/> Cardstock _____ color	<input type="checkbox"/> NCR: _____ parts	SPIRAL <input type="checkbox"/> COIL <input type="checkbox"/> BOOKLET <input type="checkbox"/> CUT <input type="checkbox"/> FOLD <input type="checkbox"/> LAMINATE <input type="checkbox"/>
<input type="checkbox"/> Banner 18x48 _____ color	<input type="checkbox"/> Fine _____ color		
	<input type="checkbox"/> Transparency		

Please select an alternate color paper: _____

Special Instructions:

Copy Central Use Only

Date Picked Up: _____
 AM PM

Date Delivered: _____

Checked By: _____