

Photocopying & Printing Request

MARKETING DEPARTMENT  REPROGRAPHICS 415.485.9447

BOOKED DATE	CLIENT'S NAME	EXT	DEPARTMENT	BUDGET CODE
COMPLETION DATE	PROJECT NAME			TOTAL BUDGET*

*IF TOTAL BUDGET OVER \$200, DEPARTMENT HEAD SIGNS HERE TITLE DATE

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PRINTING AND BINDING	DISTRIBUTION	STATIONERY
<input type="checkbox"/> Printing: # copies _____ # originals _____ Paper code: _____ <input type="checkbox"/> Not Back-to-Back (Jobs are printed back-to-back unless specified otherwise.) <input type="checkbox"/> Not collated <input type="checkbox"/> 8 1/2 x 11 <input type="checkbox"/> 8 1/2 x 14 <input type="checkbox"/> 1 x 17 <input type="checkbox"/> NCR: # parts _____ <hr/> <input type="checkbox"/> Finishing <input type="checkbox"/> Insert chapter breaks <input type="checkbox"/> Cut to Size _____ <input type="checkbox"/> 3-Hole Punch <input type="checkbox"/> Fold to Size _____ <hr/> <input type="checkbox"/> Binding <input type="checkbox"/> 1 Staple <input type="checkbox"/> 2 Staples <input type="checkbox"/> GBC plastic comb <input type="checkbox"/> Tape <input type="checkbox"/> Card stock covers <input type="checkbox"/> Clear vinyl covers	Client is responsible for all distribution, including obtaining and affixing labels, placing in College mailboxes, and USPS mailing. <input type="checkbox"/> Hold at counter <input type="checkbox"/> Send to IVC <input type="checkbox"/> Send to Bookstore <input type="checkbox"/> USPS Mailing <input type="checkbox"/> First Class (under 200) <input type="checkbox"/> Bulk (over 200)	<input type="checkbox"/> Envelopes: Type _____ Qty _____ <input type="checkbox"/> Labels: Qty _____ <input type="checkbox"/> Letterhead: Qty _____ <input type="checkbox"/> Paper: Type _____ Qty _____ <input type="checkbox"/> Memo: 8.5 x 5.5, Qty _____
ADDITIONAL INFORMATION _____ _____ _____ _____ _____ _____		

OFFICE USE ONLY	OFFICE USE ONLY
Vendor _____ Phone _____	CHARGE _____
Contact _____ Phone _____	REQUEST # _____
E-mail _____ Hours _____	APPROVED _____
Address _____	
Fed Ex # _____ Date Out _____ Date Due _____	