



Copy Center

Library Copy Center

Request Form

Requested By: _____ Email: _____ Extension: _____

Department: _____ Building: _____ Room #: _____

Payment / Approvals

Method of Payment: Pcard: Copy Card: Other: _____

Approvals Needed: Approved for Department Dean or Division Head

Job Request

Number of copies per original: _____ Date & Time due: _____

Date & Time ordered: _____ Deliver: Yes No

Copying

Finishing

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> As Original | <input type="checkbox"/> One-sided | <input type="checkbox"/> Staple | <input type="checkbox"/> Binder Clip |
| <input type="checkbox"/> Copy Tagged Only Originals | <input type="checkbox"/> Two-sided | <input type="checkbox"/> Upper Left 1 Staple | <input type="checkbox"/> Spiral Bind |
| <input type="checkbox"/> Collated | <input type="checkbox"/> Confidential | <input type="checkbox"/> Booklet 2 Staples on Side | <input type="checkbox"/> 3-Hole Drill Side |
| <input type="checkbox"/> Separated w/Color Sheets | <input type="checkbox"/> Color Paper: _____ | <input type="checkbox"/> Paper Clip | <input type="checkbox"/> 2-Hole Drill Top |
| <input type="checkbox"/> Color Copies (Full) | | <input type="checkbox"/> Do Not Staple | <input type="checkbox"/> Comb Bind |

Special Instructions:

To be completed by Toshiba Business Solutions

Quantity	Description	Unit Price	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	Total:		_____

Information Specialist: _____ Quality Controlled By: _____

Total Impressions: _____