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CONTACT INFORMATION	COMPLETION
Requested by:	DATE DUE: Oam Opm
E-mail:	○ Hold, will pick-up ○ Please call when ready
Tel:Fax:	○ FedEx Office Delivery
Today's Date: Time:	Address:
Department:	
	Building, Floor/Room/Suite No.:
BILLING INFORMATION	Cost Object General Ledger Acct.
Department:	
Dept. Head/Principal Investigator:	
	. Tel:Fax:
JOB DESCRIPTION:	
IS A PROOF REQUIRED? ONO OYES - DATE DUE:	
QUANTITY: # of Originals: # of Copies Needed:	
COPY COLOR: O Black & White O Full Color O Mixed Color/B&	W
PAPER SIZE: 08.5 x 11 (Letter) 08.5 x 14 (Legal) 011 x 17 (Tab	loid) Other
	CR (Carbonless) # of Parts O Other
PAPER COLOR: O White O Other (Color(s):	
FINISHING:	
O 3-hole Punch	○ Laminate
O Staple (Indicate one)	○ Cutting
	(Finished Size: # Finished Pieces:)
○ Collate	
○ Slipsheet Separate	
○ Folding (Indicate one) ○ In Half ○ Tri-fold ○ Z-fold	O Other: Final Folded Size:
○ Binding (Indicate one) ○ Comb ○ Coil ○ Tape ○ Other	
Covers: Front: O Clear O Frosted O Black O Navy Blue	O Cardstock (Color:)
•	O Cardstock (Color:)
	* If you do not see a specific option listed, please call or email to check availability
	<u> </u>
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