

# COPY REQUEST FORM

DATE \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

ACCOUNT TO BE CHARGED \_\_\_\_\_

SIGNATURE \_\_\_\_\_

NO. OF PAGES IN ORIGINAL \_\_\_\_\_

QUANTITY NEEDED \_\_\_\_\_

DATE NEEDED BY \_\_\_\_\_ A.M. OR P.M.

CHECK THE FOLLOWING IF APPLICABLE:

\_\_\_\_ Front Only

\_\_\_\_ Duplex

\_\_\_\_ Collate

\_\_\_\_ Staple Upper Left Corner

\_\_\_\_ Staple Upper & Lower Left

Size \_\_\_\_ Letter \_\_\_\_ Legal \_\_\_\_ 11x17

\_\_\_\_ Colored Paper(\_\_\_\_\_)

\_\_\_\_ Transparencies

\_\_\_\_ Covers-Card Stock

Special Instructions(covers, reductions, enlargements,  
etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_