

COPY CENTER REQUEST FORM

T815			D				
Today's Date / Time:		Date / Time Required: Telephone Number:					
Requested By:		Email: Account Number:					
Picked Up By:							
Department:	Account						
	If you have any		concerns, please cal	l us at 814-332	2-5369.		
		JOE	BESCRIPTION				
Number of Copies:	Please C	hoose.	Double	Double Sided:			
rumber of copies.	B/W	10000.		Open to Left			
	Color			Open to Top			
Paper Size:	Paper We			Paper Co	olor:		
8 1/2 x 11	-	20# Bond	/hita Only)		White	Goldenrod	
8 1/2 x 14		28# Text (White Only) 28# Recycled			Blue	Pink	
11 x 17	65# Cover				Green	Salmon	
12 x 18	70 # Accent White				Canary	Gray	
Custom:	70# Warm White (Letterhead)				Orchid	Buff	
			Hammermill				
Envelopes:		100# Gloss	(White Only)				
#10 warm White			nent (See Associate	for Colors)			
(Letterhead)							
Finishing Options:							
Stapling:	Books:			Punching	~•		
Upper Left	DOOKS.	Saddle Stite	ch Stanles	Punching	g. One Hole		
Upper Right		— GBC Bindin			One Hole		
Booklet	-	Tape Bindin		-	Three Hole		
Bookiet		lape billain		_			
		Black _	*********				
Folding:	Pads:			Oversize	/Poster:		
Half fold		Number of I	Pads		Laminate		
Tri-Fold		Number of Pages per Pad			 Mounted		
Z Fold		_					
Speciality Projects:							
Book Plating			Bates Labeling:	Start #			
Book Flating			Dates Labeling.	End#			
Special Instructions:							
		CODY (PENTED HEE ONLY				
Data Bassivad		COPT	CENTER USE ONLY				
Date Received:			Initials:	J			
Meter Start: Total Billable Impressions:			. Meter End Waste:	J			
Services / Comments:	_		. vvasie.				
Convictor Comments.							
Operator Initials:	Date/Time (Completed:		QC'd by:	On Ti	me: Y or N	