

COPY CENTER REQUEST FORM

Silver Lake College

Today's Date / Time:		Date Required	
Requested By:		Time Required	
Department:		Phone Extension	
Account#		Document Name	

JOB DESCRIPTION

Number of Pages Per Original:		Number of Copies/ Sets		
--------------------------------------	--	-------------------------------	--	--

Print Color	Black	Reflex Blue	***Full Color***
--------------------	-------	-------------	------------------

Size	8 1/2 x 11	8 1/2 x 14	11 x 17	Other _____
-------------	------------	------------	---------	-------------

Paper	20# White	Colored	Other
--------------	-----------	---------	-------

1 sided to 1 sided	1 sided to 2 sided	2 sided to 2 sided	Other _____
--------------------	--------------------	--------------------	-------------

Collate	Yes
----------------	-----

Staple	Yes
---------------	-----

Folding	Yes	Instructions
----------------	-----	--------------

Cutting	Yes	Instructions
----------------	-----	--------------

Hole Punch	Yes
-------------------	-----

Other	
--------------	--

Special Request / Services: _____

Copyright liability signature

COPY CENTER USE ONLY									
Billable Clicks	B&W Copy					Full Color		Print	
								Paper	
								misc	
			Misc						
								Total	

Service Comments

Operator Initials:	Date/Time completed:	QC'd by:	Early On Time Late
--------------------	----------------------	----------	--------------------------