

Riverview Gardens School District

Copy Center Request Form

Today's Date: _____ Time: _____
 Requestor: _____ Phone: _____
 School/ Department: _____
 Number of Originals: _____ Number of Copies: _____
 Account Code: _____

Date Required:

Please call the Center **before** sending Rush/ASAP orders.

Paper

8 1/2 x 11 20# Letterhead
 8 1/2 x 14 20# Other: _____
 11 x 17 20#
 Card Stock
 Paper Color _____ (White, unless indicated)
 NCR (carbonless forms) 2, 3, 4 or 5 Part

Black / White or Color Ink

<input type="checkbox"/> B&W	<input type="checkbox"/> Color
<input type="checkbox"/> 1-Sided	<input type="checkbox"/> 1-Sided
<input type="checkbox"/> 2-Sided	<input type="checkbox"/> 2-Sided
<input type="checkbox"/> Collated {1,2, 3}	<input type="checkbox"/> Collated
<input type="checkbox"/> Grouped {1,1,2,2}	<input type="checkbox"/> Grouped

Document Title _____

Finishing / Binding

<input type="checkbox"/> Staple	<input type="checkbox"/> Cardstock Covers - Front/Back
<input type="checkbox"/> Double Staple	<input type="checkbox"/> Booklet fold and Staple
<input type="checkbox"/> Paper Clip	<input type="checkbox"/> Pads (# of pads: _____ pages/per pad: _____)
<input type="checkbox"/> Rubber Band	<input type="checkbox"/> Hold for Pickup:
<input type="checkbox"/> Slip Sheet	<input type="checkbox"/> Call/Email when complete:
<input type="checkbox"/> Hole Punch	<input type="checkbox"/> Deliver to school
<input type="checkbox"/> Fold (include sample for folding)	
<input type="checkbox"/> Cut	
<input type="checkbox"/> Comb Bind	

Special Instructions

For copy jobs with copyrighted originals: The requestor verifies that this job request is made in accordance with the U.S. Copyright Act of 1976. Please check one: **Fair Use** OR **Copyright approval obtained Initial here:** _____

JOB # _____ Completed By: _____ Quality Control: _____
 Total B&W Copies: _____ Total Color Copies: _____ Total Waste: _____

Date/Time Received _____ / _____

Date/Time Completed _____ / _____

