



Requisition for Duplicating Service

		Date of Request	Date Required	Job Number
		No. of Originals	No. of Copies Each	Ink—Color
To: Thru:	Duplicating Unit	Paper—Kind	Paper—Size	Paper—Color
	Signature of Approving Official	Service (Check)		
		Mimeograph	Offset	Photocopy
		Tickometer	Labels	Addressing
From:	(Name, telephone extension, and room number)	Mailing	Other (Specify)	
	<input type="checkbox"/> Call when ready <input type="checkbox"/> Deliver	Printing (Check one)		
		One Side Only	Head to Head	Head to Foot
Signature of Requester (Originating office)		Head to Right	Head to Left	
		Punching (Check)		
Description of Job (Title, form number, etc.)		3-Hole Left	2-Hole Top	1/4" Holes
		3/8" Holes	Other (Specify)	
		Finishing (Check)		
		Collate	Staple	GBC Bind
		Fold to _____	Insert	Pad
		Trim	Other (Specify)	
FOR DUPLICATING UNIT USE ONLY		Other Specifications (Including delivery instructions)		
Date Received	Date Due			
No. of Copies Delivered	Date Delivered			
Operator				
Job Received By (Signature and date)				