REQUEST FOR COPYING SERVICE

(Please Print)

Date In: __________________________________________________________________________

Date and Time Needed: ____________________________________/ __________________________

No. of Originals: _________________________No. of Copies (per original): ________________

Description of Material to be Copied: _________________________________________________
_______________________________________________________________________________

Size

_____ 8 1/2 x 11
_____ 8 1/2 x 14
_____ 11 x 17
_____ other

Stock

_____ white
_____ campus correspondence
_____ letterhead - cheap
_____ letterhead - wove
_____ plain wove
_____ 3 - hole
_____ card
_____ other _______________

Make Copies

_____ reduced 98%

_____ 74%

_____ 65%

_____ one-sided

_____ two-sided

Finishing

_____ collated

_____ uncollated

_____ to be stapled

_____ to be folded

_____ to be pasted up

_____ to be cut

_____ to be taken to the Mail Center

_____ to be bound spiral binding ______ tape binding____

_____ number of sheets per pad

_____ number of pads____

*TO MY KNOWLEDGE, THE MATERIAL TO BE COPIED FALLS WITHIN THE GUIDELINES OF THE HAMILTON COLLEGE COPYRIGHT POLICIES.

Name: _______________________________________________________ Phone: _________________

Dept./Org. to be Charged: ____________________________________ Account No.: _________________

Date Completed: ________________________________________ Operator Initials: ______________

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