

Hamilton College Print Shop Service Request Form

Email: printsho@hamilton.edu • Phone: 315-859-4626

Please allow at least **24 hours** for copy jobs and at least one week for those jobs requiring finishing.

Date In _____ Date & Time Needed _____

Please do not use ASAP - Use a date and time.

Number of Originals _____ Number of Copies* _____
(Count 2-sided original as 2 originals.)

*If Multi-up,
Final Total After Cut _____

Description of Material: _____ Black Ink Copies Color Copies
Please include a sample when possible.

Size: <input type="checkbox"/> 8.5 x 11 <input type="checkbox"/> 8.5 x 14 <input type="checkbox"/> 11 x 17 <input type="checkbox"/> Other: _____	Paper: <input type="checkbox"/> white <input type="checkbox"/> 3-hole (Text) <input type="checkbox"/> Strathmore natural white (resume) <input type="checkbox"/> Strathmore bright white <input type="checkbox"/> Other: (Color, Provided, etc.) _____	Misc: <input type="checkbox"/> Transparent Covers <input type="checkbox"/> 33-Up Labels <input type="checkbox"/> MacTac <input type="checkbox"/> NCR: <input type="checkbox"/> 2pt. <input type="checkbox"/> 3pt. <input type="checkbox"/> Binder Tabs <input type="checkbox"/> Other: _____	Envelopes: <input type="checkbox"/> 6.75 <input type="checkbox"/> A-2 <input type="checkbox"/> Monarch <input type="checkbox"/> A-6 <input type="checkbox"/> #9 <input type="checkbox"/> A-7 <input type="checkbox"/> #10 <input type="checkbox"/> 6 x 9 <input type="checkbox"/> Window <input type="checkbox"/> 9 x 12 <input type="checkbox"/> Tinted <input type="checkbox"/> Other: _____
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Finishing: One-Sided Two-Sided
 Collated Uncollated Enlarge / Reduce _____ %
 Folding: 1/2 1/3 Z or C (In) Square Fold
 Staple: Single Double Saddle Folded Size: _____
 Cut/Trim: 1/2 1/3 1/4 Final Size: _____
 Binding: Comb Tape _____
 Padding: _____ # of pads _____ # of sheets per pad NCR
 Typeset/Design: _____ \$ _____
 Scanning: _____ \$ _____
 Lamination: Size: _____ x _____ x Qty.: _____ \$ _____
 To be taken to the Mail Center
 Misc. Supplies/Services: _____ \$ _____
 Proof: _____ \$ _____

~ Special Instructions ~

Sent: Black/White Color PS-Drop Box

To My Knowledge, the Material to be Copied Falls within the Guidelines of the Hamilton College Copyright Policies.

Signed _____

Person Placing Order _____ Phone _____ (or) E-mail _____@hamilton.edu

Dept./Organization to be Charged _____ Account # _____

Personal Charge Sub-Total: \$ _____
 Cash Check # _____ Tax: (or T.E.) _____
 HillCard # _____ Total: \$ _____
 Credit Card # _____

Required

Please make checks payable to: Trustees of Hamilton College.

Mail Payment to: Hamilton College Print Shop
198 College Hill Road, Clinton, NY 13323

For Print Shop Use Only:

<input type="checkbox"/> Black/White: \$ _____	<input type="checkbox"/> Scanning: \$ _____
<input type="checkbox"/> Color: \$ _____	<input type="checkbox"/> Lamination: \$ _____
<input type="checkbox"/> Typeset/Design: \$ _____	<input type="checkbox"/> Special Stock/Envelopes: \$ _____
<input type="checkbox"/> Binding: \$ _____ <input type="checkbox"/> Comb <input type="checkbox"/> Tape	<input type="checkbox"/> Outside Printer: \$ _____
<input type="checkbox"/> Finishing: \$ _____ <input type="checkbox"/> Hand <input type="checkbox"/> Copier <input type="checkbox"/> Cutter <input type="checkbox"/> Folder <input type="checkbox"/> Score/Perf <input type="checkbox"/> Padding	
<input type="checkbox"/> Misc. Supplies/Services: _____ \$ _____	

Date: _____

Operator Initials: _____

TOTAL CHARGES \$ _____