

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 special 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"/> Mac Tac <input type="checkbox"/> NCR: <input type="checkbox"/> 2pt. <input type="checkbox"/> 3pt. <input type="checkbox"/> Binder Tabs <input type="checkbox"/> Other: _____	Envelopes: (Sold in Boxes of 500) <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"/> #10 <input type="checkbox"/> Window <input type="checkbox"/> 6 x 9 <input type="checkbox"/> Tinted <input type="checkbox"/> 9 x 12 <input type="checkbox"/> Other: _____
Card: <input type="checkbox"/> White <input type="checkbox"/> Glossy (Cover) <input type="checkbox"/> Strathmore __ 80# __ 88# <input type="checkbox"/> Other: (Color, Provided, etc.) _____			

Finishing: One-Sided Two-Sided
 Collated Uncollated Enlarge / Reduce _____ %
 Folding: 1/2 1/3 Z or C (In) Square Fold
 Staple: Single Double Saddle
 Cut/Trim: 1/2 1/3 1/4 Final Size: _____
 Binding: Plastic 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-DB

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: \$ _____ **Required**
 Cash Check # _____ Tax: (or T.E. #) _____ Please make checks payable to: Trustees of Hamilton College
 HillCard # _____ **Total:** \$ _____ 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: _____ **ACCOUNT CHARGES \$ _____**