

Copying Request Form

Requestor: _____

Necessary Completion Date: _____ Time: _____

Charge to: Course: _____

Personal Account: _____

Nature of Material: Exam/Quiz: ____ Handout: ____
 Letter: ____ Manuscript: ____
 Grant: ____ Miscellaneous: ____

Number of Versions: _____

of Pages per Version: _____

of Copies Needed per Version: _____

Pages Collated: ____ *YES* ____ *NO* Versions Collated: ____ *YES* ____ *NO*

Double Sided: ____ *YES* ____ *NO* Scantron: ____ *YES* ____ *NO*

Stapled: ____ *YES* ____ *NO* 3-Hole Punch: ____ *YES* ____ *NO*

Color 1: _____

Color 2: _____

Additional Information: