

Copy Center Work Request

PLEASE NOTE: incomplete work requests will delay copy job.

Date Submitted: _____ Date/Time Due: _____ Job Name/Description: _____

Contact Name: _____ Dept: _____ Ext: _____

Fund # _____ Org # _____ Acct # 71215 Prog # _____

B&W Ink Color Ink

NEW: All copies will be printed 2 sided unless this box is checked.

(indicate the quantity yielded after cutting. ie:  = 2 copies)

Number of Copies: _____ # of originals: _____

(a page printed front and back is considered to be 2 originals)

Paper Color: _____ * Please note not all paper colors are available in all paper sizes.

Paper Size: 8.5 x 11 8.5 x 14 11 x 17

Stapling: (✓)    

Folding: (✓) Half Letter Roll Double-parallel

Fold logo in or out? _____    

Three-hole Punch Scanning Shredding Spiral Bind Laminate Inserting Collate Cut

Delivery: No No, call when ready _____ Yes, building and room # _____

Special Instructions: _____

Exam or Confidential item? Yes No Signature: _____

Copy Center Questions? Call x1935 • Email copies@umw.edu

THIS AREA FOR COPY CENTER ONLY

Job # _____

Design # _____

Start: _____

End: _____

Total Impr Charge: _____

Comp by: _____ Cost: _____

Diff: _____

Machine Operator