DURHAM TECH

Copy / Print Request

Requestor: _____ Extension: _____	Date: _____	Time: _____

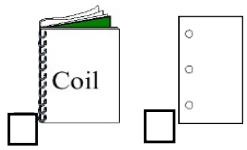
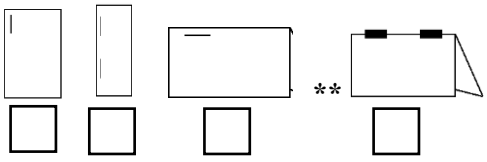
Location / Bldg.: _____ Account # _____ Date/Time Due (Required) _____	☐ Call when completed ☐ File in Print Shop/Confidential ☐ File in front cubicles 50-A ☐ NGM ☐ OCC ☐ NDC ☐ SBB ☐ Tech Center
Title or Description of Job: _____	Electronically Stored Document ☐ Yes ☐ No Name: _____

COPY / DUPLICATING

Number of Originals:	☐ Collated 1,2,3,4 etc. ☐ Uncollated 111,222,333 etc.
Number of Copies:	Note:

SPECIFICATIONS (Check box)

Copy Size	Printing	Paper	Covers
☐ 8 ½ x 11	☐ As Original	☐ Regular White	☐ Print on Front Cover
☐ 8 1/2 x 14"	☐ 1 to 2 Sided	☐ Card Stock	☐ Blank Back
☐ 11 x 17"	☐ 2 to 2 Sided	☐ NCR 2 3 4 Part	Other_____
Coil Color (_____)(_____)	☐ 2 to 1 Sided	Color Paper_____	

Coil / 3Hole Punch	STAPLE	**FOLDING
		☐ ½ - Fold ☐ C-fold ☐ Z- Fold
* PAD _____pads of_____sheets	** LAMINATE (QTY) _____	** more than 100 single sheets require additional turnaround time
* CUT to yield _____sheets	* require additional turnaround time and additional charges	

Special Instructions	Billing For Xerox Uses Only
_____ _____ _____ _____ _____ _____ Document Center Use Only	Printing Job#1 _____impressions @ .03 _____ Job#2 _____impressions @ .03 _____ Job#3 _____impressions @ .03 _____ Job#4 _____impressions @ .03 _____ Job#5 _____impressions @ .03 _____ TOTAL CHARGES $ _____

Date Completed_____ Time Completed_____	Initials: Date Time