



Copy/Print Request Form

Department Name: _____ Department Number: _____

of Original Pages: _____ # of Total Copies: _____

Color Copy Option: <input type="checkbox"/> Black & White <input type="checkbox"/> Color	Print Sides: <input type="checkbox"/> 1-sided <input type="checkbox"/> 2-sided
Page Size: <input type="checkbox"/> 8.5 x 11 <input type="checkbox"/> 8.5 x 14 <input type="checkbox"/> 11 x 17	Finish: <input type="checkbox"/> Staple <input type="checkbox"/> 3-hole punch <input type="checkbox"/> Cut
Paper Color: <input type="checkbox"/> White <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Pink <input type="checkbox"/> Salmon <input type="checkbox"/> Gray <input type="checkbox"/> Other: _____	Paper Type: <input type="checkbox"/> Plain <input type="checkbox"/> Flyer <input type="checkbox"/> Cardstock <input type="checkbox"/> Glossy

Requested by: _____ Date: _____

*If no boxes are filled in, default settings will apply (B&W, 1-sided, plain white 8.5x11)