

COPY CENTRE WORK REQUISITION

Name _____

Date: _____

Department _____

Required Date: _____

Telephone: _____

Required Time _____

Charge to Account No. _____

Copy Centre Use: Job. No. _____	
Cost _____	
Time Received: _____	Time Completed: _____

No. of Originals: _____

No. of copies each _____

Job Description: _____

Delivery Method: To be picked up

To be delivered

Instructions:

- | | |
|--|--|
| <input type="checkbox"/> Print one-sided | <input type="checkbox"/> Two-sided |
| <input type="checkbox"/> 3-hole punched paper | <input type="checkbox"/> Unpunched paper |
| <input type="checkbox"/> Collate | |
| <input type="checkbox"/> Staple | |
| <input type="checkbox"/> Bind | |
| <input type="checkbox"/> Special instructions: _____ | |