Print Form

Mail & Copy Center
Copy & Service Request Form

Sage Hall Room 118 **PH: 510.430.2149**

Order Date: **Time Rec'd:** **Due Date:** **Time Required:**

Dept Name: **Phone:**

Billing Code: **Email:**

Title of Work	# Orig.	Qty.	Sides	Size	*For Copy Center use only*			
			1:1 1:2 2:1 2:2	Letter Legal 11x17	Total	Rate	Cost	
Color Copies: ☐								
Black & White Copies: ☐								
Paper Color:				**Wt:** **3HP:** ☐				
Collate: ☐			**Uncollated:** ☐	**Paper Provided:** ☐				
Stapling: ☐ ☐ ☐			**Pamphlet:** ☐					
Front Cover: ☐			**Color:**	**Wt:**				
Back Cover: ☐			**Color:**	**Wt:**				
NCR (Carbonless Forms): *2-part* *3-part* *4-part*								
Transparency: ☐								
Tabs: ☐								
Fold: ☐								
Heat Binding: ☐ **Spiral Binding:** ☐ ☐ ☐								
Plastic Cover: **Front:** ☐ **Back:** ☐								
Laminate: **Qty.** **Size:** *2- 9/16 X 3- 3/4* *8 1/2 X 11* *8 1/2 X 14* *11 X 17*								
Cut: **Finished Qty:**								
Mail Box Stuffing: *Faculty* *Staff* *Faculty/Staff* *(Inter-Campus over 20)*								
Prep Work:								
Other:								
			C300 **5100** **6201**			**Total:**		

Special Instructions:

Contact Name:

Work By: **Date:** **Time:**