

South Fayette Township School District
COMDOC® CENTRALIZED COPY CENTER SERVICE REQUEST FORM
Completed request form and delivery slip required prior to processing order

NAME: _____ DATE SUBMITTED: _____
 EXT: _____ BUILDING: _____ DATE NEEDED: _____
 EMAIL: _____ NAME OF DOCUMENT FILES: _____

This request contains no materials that are not authorized to be reproduced.

BRIEF DESCRIPTION OF WORK (i.e., rationale for work, general operator's instructions or special instructions):

Will you need additional copies in the future? Yes: No:
 (If you choose NO, then your document will not be saved in the system)

GENERAL JOB INFORMATION

No. of copies: _____
 No. of originals: _____
 One-sided: Two-sided: Mixed:
 Cover paper: Front Back
 Other pages (inserts): _____
 Special instructions: _____

<u>FINISHING</u>	<u>FOLDING</u>	<u>CUTTING</u>
Uncollected <input type="checkbox"/>	Single <input type="checkbox"/>	Half <input type="checkbox"/>
Collated <input type="checkbox"/>	Letter <input type="checkbox"/>	Thirds <input type="checkbox"/>
Portrait <input type="checkbox"/>	Gate <input type="checkbox"/>	Other: _____
Staple <input type="checkbox"/>		
Landscape <input type="checkbox"/>	Accordion <input type="checkbox"/>	<u>Tape Binding</u>
Staple <input type="checkbox"/>	Booklet <input type="checkbox"/>	White <input type="checkbox"/>
Dual Portrait <input type="checkbox"/>		Black <input type="checkbox"/>
Staple <input type="checkbox"/>		Green <input type="checkbox"/>
3 Hole Drill <input type="checkbox"/>		

TYPE OF PAPER (circle color of paper preferred)

Size:

8.5" x 11"
 8.5" x 14"
 11" x 17"
 Other: _____

PAPER WEIGHT AND COLOR

20lb COPY PAPER WEIGHT (Colors: White, Blue, Green, Pink, Canary, Orchid, Cherry, Goldenrod, Salmon, Ivory, Gray) Color requested may be substituted? Yes No

65lb COPY PAPER WEIGHT (Colors: White, Gamma Green, Blue, Green, Gray, Ivory, Cream, Gold, Peach) Color requested may be substituted? Yes No

SPECIAL PAPER - Please note special paper must be supplied to the Copy Center and should be accompanied by a hard copy of the request form and state the document name on package.

NAME: _____
 BUILDING: _____
 OPERATOR COMMENTS: _____

Pick up: Please call at: _____
 Interoffice: Distribute to: _____
 Comments: _____