

REPO DEPO PHOTO COPY REQUEST

Teacher's Signature _____

Date Submitted _____

Department _____

Date/Period Required _____

Number of Copies Needed _____

Number of Originals Supplied _____

Paper	Special Handling	Specifications of Master
<input type="checkbox"/> White Paper <input type="checkbox"/> 8-1/2 x 11 <input type="checkbox"/> 8-1/2 x 14 <input type="checkbox"/> 11 x 17	<input type="checkbox"/> Punch <input type="checkbox"/> Collate <input type="checkbox"/> Staple <input type="checkbox"/> Fold <input type="checkbox"/> Letter Fold <input type="checkbox"/> Half Fold <input type="checkbox"/> Pad <input type="checkbox"/> Cut	<input type="checkbox"/> One Sided Only <input type="checkbox"/> Two Sided Only <input type="checkbox"/> Combo 1 & 2 Sided
<input type="checkbox"/> Colored Paper (8-1/2 x 11 only) Color _____		Specifications for Completed Copies
<input type="checkbox"/> Cardstock (8-1/2 x 11 only) Color _____		<input type="checkbox"/> Single Sided <input type="checkbox"/> Double Sided

SPECIAL INSTRUCTIONS

IMPORTANT: All requests requiring special color, size of paper, or preparation; will be produced after the morning rush.

Complete All Information. INCOMPLETE FORMS WILL BE RETURNED TO ORIGINATOR FOR COMPLETION PRIOR TO PRINT JOB BEING STARTED.

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