



DUPLICATING REQUISITION

DEPT _____

Date Needed

Department Name _____

Building _____

Room _____

Name _____

Received by _____

Date

Name of Printing/Copying Job

Number of Originals (1 Side = 1 Original)
(If there is more than one document up in
a single sheet then each document shall
be counted as one original)

Finished Copies Per Original

Bindery Instructions:

Staple

Score _____

How

Fold _____

How

Drill _____

No. of holes

Cutting _____

Provide dimensions

Bind (Tape)

Bind (Plastic Comb)

Bind (Coil)

Pad/50s

Pad/100s

Special Instructions (Please fill in additional information):