

DON'T FORGET YOUR ATTACHMENT

Name _____

Department _____ Ext. _____

Budget # _____ **Fund#** _____ **Org#** _____ **Acct#** _____

Date Due _____ Time Due _____

OF COPIES _____ Black/White FULL Color

Special Requests check appropriate item(s)

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Collate | <input type="checkbox"/> Cut | <input type="checkbox"/> Transparency |
| <input type="checkbox"/> Staple | <input type="checkbox"/> Fold | <input type="checkbox"/> Laminate |
| <input type="checkbox"/> Back-to-Back | <input type="checkbox"/> 3-Hole Paper | |
| Binding: <input type="checkbox"/> Coil | <input type="checkbox"/> Fastback (tape) | |

Cardstock (color) _____

Colored Paper (color) _____

HOLD for Pickup

Special Instructions:
