

DISTRICT COPY CENTER - COPYING REQUEST

1. Date _____

2. Name _____ USER # _____

3. School/Dept _____

4. Phone # or Extension _____

BLDG PRINC/ADMIN INITIALS

5. # of Originals Attached * _____
 original: xerox laser other _____

6. Date Needed _____ **** NO ASAP ****

****"NORMAL" PROJECTS WILL TAKE 3 DAYS IN THE COPY CENTER. ALLOW 2 DAYS DELIVERY TIME TO AND FROM COPY CENTER.**

5a. # of Copies Requested _____

7. Instructions (check one under each section)

- a. 1 sided/1 sided
- 1 sided/2 sided
- 2 sided/2 sided
- 2 sided/1 sided

b. stapled yes no if yes, circle one:



collated (book form) yes no

c. Paper Size:

- 8 1/2 x 11
- 8 1/2 x 14 (WHITE ONLY)
- 11 x 17 (WHITE ONLY)

d. Paper Type:

- regular copy paper (xerographic)
- 3-hole punch (white only)
- card stock* (available in colors marked *)
- other (specify) _____
- requisitioner furnishing paper

e. Paper Color:

- white* yellow* gray* cherry*
- green* blue* salmon* ivory*
- orchid pink tan buff
- goldenrod br orange/mango

BUDGET CODE (ASN #) _____

(MUST FILL IN ASN# if copies requested are other than regular white 8 1/2 x 11 paper)

(Check with your building principal if unknown)

Special instructions _____

Special Projects Take Longer!!! - Please Plan Ahead!!!

INSTRUCTIONS FOR COMPLETING FORM

- Item 1 enter date you are sending request to the Copy Center
- Item 2 name of person making request and individual to contact with questions
- Item 3 location of individual making request and location to send finished product
- Item 4 phone # and/or extension to call with questions
- Item 5 # of originals you are sending to be reproduced - **MUST BE COPY READY*NO BOOKS*** (goes right in copy machine)
- Item 5a enter # of copies you want made of the originals
- Item 6 date when you need copied documents - **NO ASAP!**
- Item 7 one box **MUST** be checked under each section

Special Instructions: Please provide as much additional information as is necessary to provide the copy clerk with clear and concise directions.

******INCOMPLETE AND/OR UNCLEAR FORMS WILL BE RETURNED******

COST SHEET: Individual building budget accounts will be charged in accordance with the following price schedule:

Type of paper	Cost/copy	COPY CENTER USE ONLY:	
White 8 1/2 x 11 (20 lb)	Cost of paper	_____	# of copies
Colors 8 1/2 x 11 (20 lb)	.01	Date Received _____	x _____ \$ per page
White 8 1/2 x 14 (20 lb)	.01	Date Completed _____	
White 11 x 17 (20 lb)	.02	Initial _____	_____ \$ charged to ASN
Card Stock 8 1/2 x 11	.02		
District letterhead	.25		
Other	Market \$\$\$		