

# XEROXING

(Do Not Use This Form For Research Photocopying!!)

Name: \_\_\_\_\_

Relevant faculty name: \_\_\_\_\_

Current Date: \_\_\_\_\_

Account No: \_\_\_\_\_ 6-82585-3617 \_\_\_\_\_

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## WHEN IS THE JOB NEEDED?

[Please be advised that the staff in the Main Office need **at least 24 hours** notice to do any job!! Otherwise, you may not get it on time]

Date: \_\_\_\_\_ Time: \_\_\_\_\_

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**HOW MANY COPIES DO YOU NEED?** List each job separately.

NUMBER OF ORIGINALS	COPIES NEEDED	NUMBER OF ORIGINALS	COPIES NEEDED
1) _____	_____	3) _____	_____
2) _____	_____	4) _____	_____

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## INSTRUCTIONS:

1) ( ) One side only    2) ( ) Double Sided    3) ( ) Collate    4) ( ) Staple

5) ( ) Transparencies    6) ( ) Reduce \_\_\_\_%    7) ( ) Enlarge \_\_\_\_%

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**CHARGE TO:**

**DEPARTMENT:** \_\_\_\_\_  
(Name of Committee of Function)

**COURSE:** \_\_\_\_\_  
(Name of Committee of Course)

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**COMMENTS/FURTHER INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_

Done: \_\_\_\_\_

Operator: \_\_\_\_\_

