

PRINTING REQUEST

Please send this request to the Instructional Media Center a minimum of one (1) week in advance of the date needed. This request ***must be approved by your administrative supervisor before this printing will be completed.***

_____	_____	_____
Name of Requester	School and Department	Telephone
_____	_____	
Title of Printing Request	Building Level Acct #	
	_____	_____
	Date Received (<i>IMC use only</i>)	Date Needed

ORIGINALS:

_____	Number of originals submitted
_____	Number of copies to be printed

PRINT:

_____	One side of paper
_____	Both sides of paper

PAPER:

_____	Size of paper
_____	Color of paper

BINDING:

_____	Staple
_____	Pad (<i>in groups of</i> _____ <i>)</i>
_____	Other (<i>please specify</i>)

SPECIAL INSTRUCTIONS: