



REQUEST FOR PRINTING



Personal Information

DATE SUBMITTED _____ NAME _____

DEPARTMENT _____ PHONE _____

SITE LOCATION _____

DATE WANTED _____ TIME _____ AM _____ PM

Service 1

Paper Cardstock

Number of original pages

Sets

Total pages

Collate only

Service 2

One side

Two sides

#Punch

Staple: Yes No

Position: Left Right

Service 3

Paper size

Paper Color

Print Black & White

Print in color

Wrap

SPECIAL INSTRUCTIONS:

RECEIVED BY _____ SIGN _____ DATE _____

LANEY INSTRUCTIONAL MEDIA CENTER