

DUPLICATING REQUISITION

Fill in the fields, save, and email the file to duplicating@csuohio.edu

Job No.

Budget Year _____

Date Ordered

Date Needed

ACCOUNT FUND DEPT PROGRAM CLASS PROJECT

Department Name _____

Requisition Initiated By _____ Telephone _____

Delivery Instructions:

Delivery to _____
Building Room Name

To Mail Room for Mailing

Call for pick-up when ready Received by _____ Date

Copying/Printing

Color or B/W _____

Paper Type _____

Paper Size _____

Envelope Size _____

One/Two Sided _____

Color of Paper _____

Name of Printing/Copying Job

Number of Originals (1 Side = 1 Original)
 (If there is more than one document up in
 a single sheet then each document shall
 be counted as one original) _____
Finished Copies Per Original

Color Sheets (Specify additional color type sheets for covers, blank dividers, and special pages):

Front Cover Back Cover Dividers Special pages _____

Specify Other color _____

Oversize (Posters, Banners, etc.)
 Provide sizes

Mount Poster? _____

Bindery Instructions:

Staple _____
Where

Score _____
How

Fold _____
How

Drill _____
No. of holes

Cutting _____
Provide dimensions

Front & Back Covers - Card Stock (Index)

Clear Front Cover & Vinyl Back Cover

Bind (Tape)

Bind (Plastic Comb)

Bind (Coil)

Notepads:

Pad/25s

Pad/50s

Pad/100s

Special Instructions (Please fill in additional information):

Duplicating Department Only:

Printing Type _____

Run By _____

Date Completed _____

TOTAL \$ _____