

# PHOTOCOPY REQUISITION

Faculty/Staff Name: \_\_\_\_\_ Submitted by & Return to: \_\_\_\_\_ Ext: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM  
 Needed: \_\_\_\_\_

PLEASE CHECK AND COMPLETE RECHARGE I.D. #

	Recharge I.D./Acct #
_____ Instructional/teaching/Common Good	_____
_____ Personal/Research/Faculty Resource	_____
_____ Other/Grant	_____

**Standard Copy Requests:** (complete one request for each job)

**NUMBER OF COPIES NEEDED:** \_\_\_\_\_

**NUMBER OF DOCUMENT PAGES:** \_\_\_\_\_

_____ Staple (circle one)	_____ Collate/Do Not Staple
_____ Original Double-Sided	_____ Copy Doublesided
_____ Special Paper (circle one) 3 hole, Transparency, Other _____	_____ Colored Paper (circle one) Green, Pink, Yellow, Blue

**Books/Magazines (List Author/Editor):** NOTE: For Copyrighted works ONLY ONE copy of one CHAPTER/ARTICLE will be photocopied.

Author/Editor	Page From:	Page To:	Total Pgs.
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Special Instructions: \_\_\_\_\_

Job Completed By \_\_\_\_\_ Date \_\_\_\_\_

Revised May 1996