PHOTOCOPY REQUISITION

Faculty/Staff
Submitted by & Name:

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Date: _____ Time: _____ AM/PM _____ Needed: _____ Time: _____ AM/PM

PLEASE CHECK AND COMPLETE RECHARGE I.D. #

Recharge I.D./Acct #

_____ Instructional/teaching/Common Good

_____ Personal/Research/Faculty Resource

_____ Other/Grant

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3 hole, Transparency, Other Green, Pink, Yellow, Blue

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Special Instructions: ____________________________________________

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Job Completed By _______________________________