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|  | **COPY CENTER****WORK ORDER REQUEST FORM** | *Copy Center**Health Technologies Building**Room C218, Ext. 2164 or 2824**copycenter@bristolcc.edu* |

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| **Requestor:** |       | **Ext.:** |       |
| **Department/Division:** |       | **ORG #:** |       | **Deliver to:** |       |

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| **A. Service Requested - *Please allow 1-2 working days for basic jobs.*** |
| **Description of Order:** |       |
| **Date of Order:**  |       | **Date Needed:** |       |
| **# of original pages:** |       | **If originals are double-sided, please check here.** | ☐ | **# of copies of each original page:** |       |
| **Print:** ☐ 1 Side ☐ 2 Sides |  |  |
| **Staple** | ☐ | *Please attach an example of how the finished material should be arranged. Do not staple original copies.*  |
| **3-Hole Punch** | ☐ |
| **B. Additional Services - *Please allow extra time to complete these tasks.*** |
| **Fold** ☐Single sheet only(no staples) | **Bind****Bind** | ☐ glue☐ spiral - *Requestor must supply binding materials*. | **Lamination** ☐ |
| **C. Select Paper Color** |
| **White** ☐ | **Blue** ☐ | **Yellow** ☐  | **Pink** ☐ | **Green** ☐ | **Other** ☐ *Requestor must supply own paper.* |
|  |
| **D. Color Copying** |
| **Color** ☐  *(15 cents per copy)* |  |
|  | *Approving ORG Manager* (Required for color ink copies.) |
| **E. Comments and Instructions** |

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| APPROVING DEAN/DIRECTOR/DESIGNEE **(Required if copyrighted material)** |

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| **Intercampus mail** **☐** | **Email** **☐** | **Walk-up service** **☐** |

September 2017