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|  | **COPY CENTER**  **WORK ORDER REQUEST FORM** | *Copy Center*  *Health Technologies Building*  *Room C218, Ext. 2164 or 2824*  [*copycenter@bristolcc.edu*](mailto: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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September 2017