PRINTING REQUEST FORM

1		
YOUR NAME:	DEPARTMENT:	EXTENSION:
DEPARTMENT #:	JOB TITLE:	
TODAY'S DATE:	DUE DATE:	
TODAT S DATE.	DUE DATE.	
PRINTING	PAPER	BINDERY
□ No. of pages	Plain white	3 - hole punch
No. of copies	Hospital letterhead	5 - hole punch
One side	Regular paper	Do not collate
☐ Two sides: ☐ Head to head	Card Stock	Collate only
☐ Head to foot	Other	Collate and staple
Black ink		Collate and band

🗌 8.5 x 11"	🗌 8.5 x 14"	Collate: other bindery
🗌 11 x 17"	4 x 6" Card	
□ 3 x 5" Card	□ 5 x 8" Card	Pad: No. of pads

□ Canary

Buff

_	0 / 0	ouru		0 / 0	
	Other	card si	ze:		

Cherry □ Ivory

Green

 \square

PAPER COLOR

Other ink:

White	Gray	
Salmon	Lilac	
Pink	Blue	

SPECIAL INSTRUCTIONS

Pad size			
Printing Servic	es Use ONLY		
No. of metal plates No. of paper plates No. of impressions			
· · · · -	255		
	ier.		
·	Photocopier Collater		
Date run			
Out date			
Main Room Date			
Printing cost	\$		
Collating cost	\$		
Other cost	\$		
Total	\$		
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Collate: other bindery

Sheets per pad: \Box 50 \Box 100

Supervisor's signature