

Print Shop Request Form

Print Shop – Ext. 2310

Date: _____ Department / School of: _____

Date Required: _____ Requested by: _____

Pages: _____ Quantity Required _____ Authorized by: _____

Account Code	Description of Paper	Number of Impressions

Special Instructions	
<input type="checkbox"/>	Collate
<input type="checkbox"/>	Staple
<input type="checkbox"/>	3 hole punch
<input type="checkbox"/>	Single side
<input type="checkbox"/>	Colour
<input type="checkbox"/>	Other-specify