

COPY REQUISITION

Department _____ Date _____

Phone _____ Date Required _____

Signature _____

Account Number _____

Detailed Description

All copying will be done two-sided unless otherwise specified

Quantity _____ #of Pages _____ One sided ___ Collate ___ Staple _____

Colour/Type of Paper _____ Size _____ x _____

Finishing Required: Cut ___ Fold ___ Two Staples ___ Punch _____

For Distribution? _____ Return to Sender _____

Total copies Cost per page Finishing Other Total Cost

_____ X _____ + _____ + _____ = _____

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