

Printing Request Form

Please use this form for all of your printing needs

Please include a Project Title:

Date Submitted: ___/___/___

Time: ___:___ AM/PM

Date Needed: ___/___/___

Time Needed: ___:___ AM/PM

Initiator: _____ Department: _____ Account #: _____

Phone Ext: _____ Email: _____

Color or Black and White

Number of Original Pages: _____ Number of Copies needed: _____ ASC will print from a digital file

Do you want your original copy returned to you? Yes No

Print Instructions:

One-sided _____ Two-sided _____
Paper Size: 8.5 x 11 8.5 x 14 11 x 17

Paper Color* White Ivory Lilac Canary Blue Yellow Pink Green Buff Other: _____

*Subject to availability

*Subject to change

Paper Type: Regular Paper Cardstock Photo Paper* Remnants: _____

*Subject to availability

Specialty Options:

Collate Stapling 3-Hole Punch Folding Cutting Shredding Binding Stuffing Laminate Scanning

Additional Notes:

ASC USE ONLY

T1 Start #: _____

T1 Finish #: _____

T1# Printed: _____

T2 Start #: _____

T2 Finish #: _____

T2# Printed: _____

T3 Start #: _____

T3 Finish #: _____

T3# Printed: _____

Printing Completed Date: ___/___/___

Time: ___:___ AM/PM

By _____

Specialty 1 Completed Date: ___/___/___

Time: ___:___ AM/PM

By _____

Specialty 2 Completed Date: ___/___/___

Time: ___:___ AM/PM

By _____