

PRINTING/SERVICES REQUEST
B L O C K S 1 - 9 A R E R E Q U I R E D

1. NAME:		2. CODE:		3. PHONE:	
4. PAYMENT METHOD (<i>Choose one</i>) Do <u>NOT</u> include JON				5. TODAY'S DATE	
a. <input type="checkbox"/> REQUISITION NUMBER N65886 _____ PTMC _____				6. DATE REQUIRED	
b. <input type="checkbox"/> PURCHASE CARD INFO (<i>credit card</i>) Exp. Date: _____ # _____ <input type="checkbox"/> Credit card information is on file					
9. Name/Title of Material:				7. PAGES/SETS IN ORIGINAL	
10. Details (<i>Other details here</i>):				8. COPIES NEEDED	
*11. Paper		*12. Print color:		*14. Binding: <i>Type</i> :	
Color: _____		<input type="checkbox"/> Black <input type="checkbox"/> Color		<input type="checkbox"/> Staples	
Size:		<input type="checkbox"/> Combo		# of Staples _____	
<input type="checkbox"/> Letter (8 1/2" x 11")		<input type="checkbox"/> As per sample		<input type="checkbox"/> Wire stitch	
<input type="checkbox"/> Legal (8 1/2" x 14")		<input type="checkbox"/> Specific Color(s) _____		<input type="checkbox"/> Pad _____ (<i>shts per pad</i>)	
<input type="checkbox"/> Other _____				<input type="checkbox"/> Other _____	
<i>Weight</i> :		*13. Sides:		<i>Location</i> : <input type="checkbox"/> Top <input type="checkbox"/> Left	
<input type="checkbox"/> Std (20 #) <input type="checkbox"/> Index (90 #)		<input type="checkbox"/> 1-sided <input type="checkbox"/> 2-sided		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Combo			
*15. Punched Holes:					
# of holes: _____					
Location					
<input type="checkbox"/> Left <input type="checkbox"/> Top					
<input type="checkbox"/> Other _____					
Size: <input type="checkbox"/> 1/4" <input type="checkbox"/> 1/2"					
<input type="checkbox"/> Other _____					
<input type="checkbox"/> Reinforced holes					
<i>(for tags etc.)</i>					
Estimated Cost \$			Total cost \$		

*Completed as needed, all other fields are required.

ALL required fields on this form must be completed and those not required indicate N/A.

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