



DUPLICATING REQUISITION

Fill in the fields, save, and email the file to duplicating@csuohio.edu

Job No.

Budget Year

Date Ordered

Date Needed

ACCOUNT FUND DEPT PROGRAM CLASS PROJECT

Department Name

Requisition Initiated By Telephone

Delivery Instructions:

- Delivery to Building Room Name
- To Mail Room for Mailing
- Call for pick-up when ready Received by Date

Copying/Printing

Color or B/W

Paper Type

Paper Size

Envelope Size

One/Two Sided

Color of Paper

Name of Printing/Copying Job

*Number of Originals (1 Side = 1 Original)
(If there is more than one document up in
a single sheet then each document shall
be counted as one original)*

Finished Copies Per Original

Color Sheets (Specify additional color type sheets for covers, blank dividers, and special pages):

Front Cover Back Cover Dividers Special pages

Specify Other color

Oversize (Posters, Banners, etc.)
Provide sizes

Mount Poster?

Bindery Instructions:

- Staple *Where*
- Score *How*
- Fold *How*
- Drill *No. of holes*
- Cutting *Provide dimensions*

- Front & Back Covers - Card Stock (Index)
- Clear Front Cover & Vinyl Back Cover
- Bind (Tape)
- Bind (Plastic Comb)
- Bind (Coil)

Notepads:

- Pad/25s
- Pad/50s
- Pad/100s

Special Instructions (Please fill in additional information):

Duplicating Department Only:

Printing Type

Run By

Date Completed

TOTAL \$