



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) *Finished Copies Per Original*
(If there is more than one document up in a single sheet then each document shall be counted as one 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 \$