

COLOR COPY REQUEST

** Fill in all fields except highlighted area which needs to be filled out upon completion.

Date of Request:

Date/Time Needed:

Name:

Phone & Email:

Job Title:

Nature (circle one): brochure / handouts / poster / others (specify):

Source (circle one): will bring diskette / on the server (specify):

Number of Copies:

Front / Back? (circle one) yes / no

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Initials:

Payment Source:

Department (state the purpose):

Grant (provide account #):

PI Initial:

Personal (provide discret. Acct.#):

Or provide payment method:

If cash: Rev'd by:

Date:

Picked up by:

Picked up date:

Department of Public & Community Health

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