

**COMPLETED TOTAL COST**

\$

### document:

Title: \_\_\_\_\_

Date Ordered \_\_\_\_\_ Full Dept. GL # \_\_\_\_\_

Date Required \_\_\_\_\_ Requested by \_\_\_\_\_

# of Originals \_\_\_\_\_ Telephone \_\_\_\_\_

# of Copies Requested \_\_\_\_\_ Distribution (see below)  Yes  No

### printing info:

Black/White  Color  One Sided  Two Sided  Collated

### paper info:

8 1/2" x 11"  8 1/2" x 14"  11" x 17"  Other \_\_\_\_\_

Indicate paper choice if other than white \_\_\_\_\_

### binding/finishing info:

Single Staple  Double Staple  GBC Bind

3 Hole Punch  Band  Fold

Special Requirements (trim size etc. specify below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### distribution instructions:

\_\_\_\_\_  
\_\_\_\_\_

COPY CENTER USE ONLY	
Order taken by	<input type="checkbox"/> PV <input type="checkbox"/> DC <input type="checkbox"/> FS <input type="checkbox"/> CB
Received in Copy Center	_____ Date _____

**Email completed form to [copycenter@rwu.edu](mailto:copycenter@rwu.edu)**