REQUEST FOR COPIES/SCANNING

PLEASE ALLOW A MINIMUM OF 3 DAYS FOR COPIES/SCANS

Date of Request:	Date Required:	
Requested by:		
Copy Services: Total Copies Requested:	Collate 1-Sided	Staple 2-Sided
Scanning: Email:		
Purpose:		
Special Instructions:		
Completed by:	Date/Time:	