

MICHIGAN BUSINESS SERVICES COPY CENTER REQUISITION

JOB NO.

PS 647-0507	LS 764-0348	NI 763-9350	SEB 764-8413	BUS 764-8266		ORDER DATE:	DATE DUE:

DEPARTMENT NAME:						SHORTCODE	
NAME:						FUND	
EMAIL:						ORG	
PHONE:							
DELIVERY INFO:						<input type="checkbox"/> Pickup	
						PROGRAM	
						SUBCLASS	
						PROJ/GRANT	

<i>OFFICE USE ONLY</i>		Originals Copies of Each <input type="checkbox"/> 1 SIDED <input type="checkbox"/> 2 SIDED <input type="checkbox"/> MIXED <input type="checkbox"/> B/W <input type="checkbox"/> COLOR					
MACH 1 2 3 4		PRINTED ON	8.5X11 20# WHITE	8.5X11 20# 3-HOLE	FURNISHED PAPER	SPECIAL PAPER	COMMENTS:
DATE COMPLETE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Order in Via:		PRINTED & COLLATED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMMENTS:
Process Via:		SETS STAPLED	1 STAPLE IN UPPER LEFT CORNER	2 STAPLES ON LEFT MARGIN	SADDLE STITCH	PLASTIC COILBIND	
<input type="checkbox"/> Walk in	<input type="checkbox"/> HC/Scan	Customer Reference #:	CUTTING	FOLDING	CERLOX	TAPEBIND	
<input type="checkbox"/> Campus Mail	<input type="checkbox"/> Electronic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Fax	<input type="checkbox"/> Print Direct		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Email	<input type="checkbox"/> VDP		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Pick Up	<input type="checkbox"/> Manipulation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Name of File: