

UNIVERSITY OF KENTUCKY DUPLICATING SERVICES

DUPLICATING - JOB ORDER REQUEST

DS No.		
CHARGE ACCOUNT NUMBER		
ACCT.#	OBJ CODE	USER CODE

Voucher No.		
RECEIVED	Date	
BY POSTAL	Time:	
SERVICES:	Person:	

CUSTOMER DATA

DATE SUBMITTED	DATE REQUIRED	PERSON TO CONTACT	PHONE
DEPARTMENT		ROOM & BUILDING	SPEED SORT
SUBJECT OF MATERIAL (Must be Completed)			

INDICATE WHAT YOU WANT DONE

NUMBER ORIGINALS	COPIES EACH	TYPE, COLOR, SIZE PAPER	HOLE PUNCH	PAD
COLLATE	CUT	BIND/PUNCH & SPIRAL	REDUCE	LAMINATE
STAPLE	FOLD	RUN ON BACK	TAPE BIND	
INK COLOR (available on 8.5 x 11 and 8.5 x 14)				

SPECIAL INSTRUCTIONS

DO NOT WRITE BELOW THIS LINE

OPR	OPR	OPR	OPR	OPR	OPR	OPR	OPR	OPR	OPR	OPR
DUPLI	COLL	STAPLE	PAD	CUT	FOLD	H.PUNCH	PUNCH	BIND	T.BIND	

CODE	QUAN	ITEM & SIZE	AMOUNT	CODE	QUAN	ITEM & SIZE	AMOUNT
		MASTERS, WHITE				CUT	\$
		MASTERS, COLORED				CUT SET UP	\$
		MASTERS, FURNISHED				FOLD	\$
		PAPER, WHITE, _____	\$			FOLD SET UP	\$
		PAPER, COLORED _____	\$			PUNCH 1-2-3-4-5-	\$
		PAPER, FURNISHED _____	\$			SPIRAL PUNCH	\$
		MAKE READIES & REDUCTIONS	\$			SPIRAL SIZE _____	\$
		CARDS _____	\$			SPIRAL BIND	\$
		COVERS	\$			TAPE - SIZE _____	\$
		DIVIDER SHEETS	\$			TAPE - BIND _____	\$
		COLLATE	\$			LAMINATE	\$
		COLLATE (2 SIDED)	\$				\$
		STAPLE 1-2-3	\$				\$
		PAD	\$				
		PAD SET UP	\$			TOTAL CHARGE	\$

I hereby certify that the items listed above were furnished to the department indicated and that prices charged are proper.

Signed: _____ Ph: _____ Date: _____

Date Completed: _____ Called: _____

Received by: X _____ (Customer's signature) Date: _____