

DIRECTIONS:

Submit all in-print originals on white paper with no staples, tears, creases, or binding. Please place the Duplicating Request Form with your originals, paper clipped, in the drop-off basket in the Print Center.

When requesting a test or exam, for security purposes, please place request and test in the drop-slot in the main cabinet in the Print Center. Please fill out Request form in its entirety, and ensure all information is correct before submitting.

Online forms are located at monroeccc.edu. Please fill out the Duplicating Request Form and send the form and your file to: printcenter@monroeccc.edu | Ext. 4319

Information	Originals
Date Requested: _____ RUSH <input type="checkbox"/> Date Required: _____ Time: _____ <i>(Please allow at least three business days for completion)</i> Originator: _____ Account Number: ____/____/____/____ Phone Number / Email: _____ File or Document Name: _____ Special Instructions: _____	Number of Originals: _____ <i>If double-sided, please count each side as an original</i> <input type="checkbox"/> One-sided <input type="checkbox"/> Two-Sided <input type="checkbox"/> Mixed (one and two-sided)
Finishing Options	
(For Each Section Below Please <input checked="" type="checkbox"/> All That Apply)	
Quantity: _____ <input type="checkbox"/> COLOR <input type="checkbox"/> B/W <input type="checkbox"/> One-Sided <input type="checkbox"/> Two-Sided <input type="checkbox"/> Duplicate of Originals	
Staple/Punching: <input type="checkbox"/> Single <input type="checkbox"/> Booklet <input type="checkbox"/> 3-Hole Punch	
Binding: <input type="checkbox"/> Comb Bind <input type="checkbox"/> Tape Bind Color: _____	
Folding: <input type="checkbox"/> In Half <input type="checkbox"/> Z – Fold <input type="checkbox"/> C – Fold	
Trim: Finished Size: _____ x _____ No. of Posters: _____ Total Sq. Ft.: _____ <input type="checkbox"/> Foam Core Mount <input type="checkbox"/> Laminate Pad Glue <input type="checkbox"/> No. of pads: _____ Sheets per pad: _____	
Copyright Material	
In submitting this copyright request, I have complied with the Copyright Law of the United States (Title 17, U.S. Code) and have submitted proper authorization, if warranted, to the Division Chair/Director in my department. Please check one: <input type="checkbox"/> I have submitted a letter of permission to the Division Chair/Director in my department. <input type="checkbox"/> The use of this piece falls within the Fair Use Guidelines. Signature: _____	
For Print Center Use ONLY	
<i>Chargebacks Add \$0.02 per page for cardstock and Astrobright paper</i> B/W Copies: _____ @ \$0.06 Posters/Lam: _____ @ \$1.50 Sq. Ft Color Copies: _____ @ \$0.12 Poster Mounting: _____ @ \$10.00 Bindings: _____ @ \$0.50 Pad Gluing: _____ @ \$0.20/pad #10 Envelopes: _____ @ \$0.07 Other Envelopes: _____ @ \$_____ Additional Costs: _____ TOTAL COST: _____ Completed by: _____ Date: _____ Notes: _____	
Paper Selection	
Size: <input type="checkbox"/> 8.5 x 11 <input type="checkbox"/> 8.5 x 14 <input type="checkbox"/> 11 x 17 Paper Type: <input type="checkbox"/> Standard <input type="checkbox"/> Cardstock <input type="checkbox"/> 24 lb. White <input type="checkbox"/> Astrobright: Color _____ <input type="checkbox"/> Carbonless: Sets of _____	
Color Selection: <input type="checkbox"/> White <input type="checkbox"/> Blue <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Orchid <input type="checkbox"/> Ivory <input type="checkbox"/> Canary <input type="checkbox"/> Pink <input type="checkbox"/> Salmon <input type="checkbox"/> Gold	
Envelope Selection	
<input type="checkbox"/> No. 10 Window Envelope- Black Logo Qty: _____ <input type="checkbox"/> No. 10 Envelope- Black Logo Qty: _____ <input type="checkbox"/> No. 10 Envelope- Burgundy Logo Qty: _____ <input type="checkbox"/> Other Envelope Qty: _____	