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|  | **COPY CENTER****WORK ORDER REQUEST FORM** | Copy CenterHealth Technologies BuildingEmail: CopyCenter@BristolCC.edu Room C218, Ext. 2824 |

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| **Requestor:** |       | **Ext.:** |       |
| **Department/Division:** |       | **ORG #:** |       | **Deliver to:** |       |

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| **A. Service Requested - *Please allow 1-2 working days for basic jobs.*** |
| **Description of Order:** |       |
| **Date of Order:**  |       | **Date Needed:** |       |
| **# of original pages:** |       | **If originals are double-sided, please check here.** | ☐ | **# of copies of each original page:** |       |
| **Print:** ☐ 1 Side ☐ 2 Sides |  |  |
| **Staple** | ☐ | *Please attach an example of how the finished material should be arranged. Do not staple original copies.*  |
| **3-Hole Punch** | ☐ |
| **B. Additional Services - *Please allow extra time to complete these tasks.*** |
| **Fold** ☐Single sheet only(no staples) | **Bind****Bind** | ☐ glue☐ spiral - *Requestor must supply binding materials*. | **Lamination** ☐ |
| **C. Select Paper Color** |
| **White** ☐ | **Blue** ☐ | **Yellow** ☐  | **Pink** ☐ | **Green** ☐ | **Other** ☐ *Requestor must supply own paper.* |
|  |
| **D. Color Copying** |
| **Color** ☐  *(.49 cents per copy)* |  |
|  | *Approving ORG Manager* (Required for color ink copies.) |
| **E. Comments and Instructions** |

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| APPROVING DEAN/DIRECTOR/DESIGNEE **(Required if copyrighted material)** |

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| COPY CENTER USE ONLY |
| **Date In:** |  | **Date Out:** |  | **Initials:** |  | **Color Copies Cost:** |  |
| **Drop Off ☐ Walk-up Service** **☐**  | **Intercampus Mail** **☐ Emailed ☐** | **Lamination ☐ Binding ☐** |
| **Copier Used: B9100 ☐**  | **Copier Used: C9070 ☐**  | **Copier Used: C8035 ☐**  |

February 2024