

Copy Service Request

School of Chemical Sciences
Copy Services, 28 Noyes Lab

▶▶▶▶▶ Copy form submission - 24 hour notice preferred ◀◀◀◀◀

NOTE: Any emailed submission received after 4 pm will be considered as submitted on the next working day.

Copies For: _____ Department: _____
(Last Name) (1st Initial)

Call: _____ Phone: _____ Email: _____
(Your Name)

Today's Date: _____ Time: _____ Date Needed: _____ Time: _____
(ASAP not acceptable)

CFOP Number:

C	F	O	P	A-optional																					

CFOP Alias: _____

Course Number: _____ Number of copies: _____ Number of pages: _____

Collate	Staple	2-Sided	Color of Paper	Thermo Bind	Spiral Bind	Covers and Color
Pads	Cutting	Folding	3-Hole Paper	Transparencies	Tabs	Confidential

Additional Comments: _____

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Copy Code: L - Xerox Copies: _____ of Pages: _____ Total Copies: _____	Copy Code: F - All Binding Number of books: _____
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