

## **Duplicating Services**

### Instructions for Job Request Form

The job request form must be prepared by the requesting department and completed according to the following instructions.

- **Date Required**--Enter desired delivery date. This date should be realistic and should allow as much time as possible for production. Please do not use ASAP. Critical delivery dates should be approved by Duplicating Services and monitored by the requesting department.
- **Date Ordered**--Indicate For Resale or Not for Resale.
- **Department**--Enter requesting department name.
- **Account Number**--Enter valid number for account to be charged.
- **Whom to Call**--Enter name of someone familiar with job request.
- **Building**--Enter the building in which requesting department is located.
- **CDS Delivery**--Indicate desire to have Duplicating Services deliver. If delivery location is different than requesting department, please indicate under special instructions.
- **Phone Number**--Enter phone number of requesting individual.
- **Room Number**--Enter room number of requesting individual.
- **Customer Pick Up Call**--Check the "Pick Up" space if you wish the completed work to be held at Duplicating Services for you.
- **Quantity**--Indicate number of copies for each page of the document.
- **Description**--Briefly describe the document to be duplicated.
- **# of Pages of Original**--Enter the total number of printed pages in the original document, indicate front only or front and back.
- **Paper, Color, Size**--Indicate the weight, color of paper to be used and size of paper to be printed.
- **Drill**--Indicate drilling instructions, if desired.
- **Print**--Indicate black and white, color.
- **Binders**--Indicate size, D Ring or O Ring, if desired.
- **Bindery**--Indicate pads and # of sheets, binding, collate, fold, if desired. (Mark in Special Instructions: tri-fold, half fold, type in, type out, etc.)
- **Stapling**--Indicate stapling instructions, if desired.
- **Special Instructions**--Show any special instructions which are needed and are not otherwise indicated.
- **Job Sent**--Indicate FTP or E-Mail, Complete file name.
- **Signature**--Signature of person requesting the job.

The job request form must be filled out completely, showing any special instructions. You may click on the print and submit button to submit your request or quote electronically.



# The University of Georgia

## Job Request

### Duplicating Services

Phone: (706) 542-4440 Fax: (706) 542-7024 email: centdup@uga.edu

Date Required \_\_\_\_\_  am  
mm/dd/yyyy  pm

Date Ordered \_\_\_\_\_  
mm/dd/yyyy

For Resale?  Yes  No

For Duplicating Services Use Only	
Impressions _____	
Charge _____	Job No. _____
Sales Tax _____	
Total Charge _____	Date Delivered _____

Department \_\_\_\_\_ Account Number \_\_\_\_\_

Whom to Call \_\_\_\_\_ Phone Number \_\_\_\_\_

Building \_\_\_\_\_ Room Number \_\_\_\_\_

CDS Deliver  Customer Pick Up Call

Quantity	Description	Paper	Color	Sheet Size

**# of Pages of Original**  FR only # of pages \_\_\_\_\_  
 FR/Back # of pages \_\_\_\_\_

**DRILL**  
 No of Holes \_\_\_\_\_  
 Location of Holes \_\_\_\_\_

**PRINT**  BW  Color

**BINDERS** \_\_\_\_\_ Size  D Ring  O Ring

**BINDERY**  pads \_\_\_\_\_ sheets per pad  Comb Binding  Coil Binding  Tape Binding  Perfect Binding

Collate  Fold  As Per Sample

**STAPLING**  Left Corner  Side  Saddle

### SPECIAL INSTRUCTIONS

Job Sent FTP

Job Sent E-Mail

File Name \_\_\_\_\_  
Requested By: \_\_\_\_\_