

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 |
|----------|-------------|-------|-------|------------|
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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: _____