

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
<p>Date Requested: _____ RUSH <input type="checkbox"/></p> <p>Date Required: _____ Time: _____ <i>(Please allow at least three business days for completion)</i></p> <p>Originator: _____</p> <p>Account Number: _____/_____/_____/_____</p> <p>Phone Number / Email: _____</p> <p>File or Document Name: _____</p> <p>_____</p> <p>Special Instructions: _____</p> <p>_____</p>	<p>Number of Originals: _____ <i>If double-sided, please count each side as an original</i></p> <p><input type="checkbox"/> One-sided <input type="checkbox"/> Two-Sided <input type="checkbox"/> Mixed (one and two-sided)</p>
Finishing Options	
<p>(For Each Section Below Please <input checked="" type="checkbox"/> All That Apply)</p> <p>Quantity: _____ <input type="checkbox"/> COLOR <input type="checkbox"/> B/W</p> <p><input type="checkbox"/> One-Sided <input type="checkbox"/> Two-Sided <input type="checkbox"/> Duplicate of Originals</p>	
<p>Staple/Punching: <input type="checkbox"/> Single <input type="checkbox"/> Booklet <input type="checkbox"/> 3-Hole Punch</p>	
<p>Binding: <input type="checkbox"/> Comb Bind <input type="checkbox"/> Tape Bind Color: _____</p>	
<p>Folding: <input type="checkbox"/> In Half <input type="checkbox"/> Z-Fold <input type="checkbox"/> C-Fold</p>	
<p>Trim: Finished Size: _____ x _____ No. of Posters: _____</p> <p>Total Sq. Ft.: _____ <input type="checkbox"/> Foam Core Mount <input type="checkbox"/> Laminate</p> <p>Pad Glue <input type="checkbox"/> No. of pads: _____ Sheets per pad: _____</p>	
Paper Selection	
<p>Size: <input type="checkbox"/> 8.5 x 11 <input type="checkbox"/> 8.5 x 14 <input type="checkbox"/> 11 x 17</p> <p>Paper Type:</p> <p><input type="checkbox"/> Standard <input type="checkbox"/> Cardstock <input type="checkbox"/> 24 lb. White</p> <p><input type="checkbox"/> Astrobright: Color _____ <input type="checkbox"/> Carbonless: Sets of _____</p> <p>Color Selection:</p> <p><input type="checkbox"/> White <input type="checkbox"/> Blue <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Orchid</p> <p><input type="checkbox"/> Ivory <input type="checkbox"/> Canary <input type="checkbox"/> Pink <input type="checkbox"/> Salmon <input type="checkbox"/> Gold</p>	
Envelope Selection	
<p><input type="checkbox"/> No. 10 Window Envelope- Black Logo Qty: _____</p> <p><input type="checkbox"/> No. 10 Envelope- Black Logo Qty: _____</p> <p><input type="checkbox"/> No. 10 Envelope- Burgundy Logo Qty: _____</p> <p><input type="checkbox"/> Other Envelope Qty: _____</p>	

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:

☐ I have submitted a letter of permission to the Division Chair/Director in my department.

☐ The use of this piece falls within the Fair Use Guidelines.

Signature: _____

****For Print Center Use ONLY****

Chargebacks | Add \$0.02 per page for cardstock and Astrobright paper

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: _____