

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 if submitting in person. 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: _____</p> <p>Date Required: _____ <i>(Please allow at least three business days for completion)</i></p> <p>Originator: _____</p> <p>Phone Number / Email: _____</p> <p>Document Description: _____ _____ _____</p> <p>Special Instructions: _____ _____ _____</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	
(For Each Section Below Please <input checked="" type="checkbox"/> All That Apply)	
<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> <p>User-provided paper: _____</p>	
Envelopes	
<p>User-provided envelope description: _____</p> <p>Quantity of envelopes: _____</p>	

Copyright Agreement

THIS SECTION MUST BE SIGNED

I assert that I am not requesting any material that is protected by copyright and release the Print Center and MCCC from all related liability.

Signature: _____

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

Chargebacks | Add \$0.05 per page for cardstock and Astrobright paper

B/W Copies: _____ @ \$0.15	Posters/Lam: _____ @ \$2.50 Sq. Ft
Color Copies: _____ @ \$0.35	Poster Mounting: _____ @ \$12.00
Bindings: _____ @ \$1.00	Pad Gluing: _____ @ \$2.00/pad
Carbonless: _____ @ \$0.50	Folding: _____ @ \$0.03
Cutting: _____ @ \$2.00	Stapling: _____ @ \$0.01
Folding & Envelope Stuffing: _____ @ \$0.03	
Printing w/ provided paper: _____ @ \$0.10 / \$0.30	
Additional Costs: _____	
TOTAL COST: _____	

Completed by: _____ **Date:** _____

Notes: _____