

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
Date Requested: _____ Date Required: _____ <i>(Please allow at least three business days for completion)</i> Originator: _____ Phone Number / Email: _____ Document Description: _____ _____ _____ Special Instructions: _____ _____ _____	Number of Originals: _____ <i>If double-sided, please count each side as an original</i> <input type="checkbox"/> One-sided <input type="checkbox"/> Two-Sided <input type="checkbox"/> Mixed (one and two-sided)
Finishing Options	
(For Each Section Below Please <input checked="" type="checkbox"/> All That Apply)	
Quantity: _____ <input type="checkbox"/> COLOR <input type="checkbox"/> B/W <input type="checkbox"/> One-Sided <input type="checkbox"/> Two-Sided <input type="checkbox"/> Duplicate of Originals	
Staple/Punching: <input type="checkbox"/> Single <input type="checkbox"/> Booklet <input type="checkbox"/> 3-Hole Punch	
Binding: <input type="checkbox"/> Comb Bind <input type="checkbox"/> Tape Bind Color: _____	
Folding: <input type="checkbox"/> In Half <input type="checkbox"/> Z – Fold <input type="checkbox"/> C – Fold	
Trim: Finished Size: _____ x _____ No. of Posters: _____ Total Sq. Ft.: _____ <input type="checkbox"/> Foam Core Mount <input type="checkbox"/> Laminate Pad Glue <input type="checkbox"/> No. of pads: _____ Sheets per pad: _____	
Paper Selection	
Size: <input type="checkbox"/> 8.5 x 11 <input type="checkbox"/> 8.5 x 14 <input type="checkbox"/> 11 x 17 Paper Type: <input type="checkbox"/> Standard <input type="checkbox"/> Cardstock <input type="checkbox"/> 24 lb. White <input type="checkbox"/> Astrobright: Color _____ <input type="checkbox"/> Carbonless: Sets of _____ Color Selection: <input type="checkbox"/> White <input type="checkbox"/> Blue <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Orchid <input type="checkbox"/> Ivory <input type="checkbox"/> Canary <input type="checkbox"/> Pink <input type="checkbox"/> Salmon <input type="checkbox"/> Gold User-provided paper: _____	
Envelopes	
User-provided envelope description: _____ Quantity of envelopes: _____	
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	
<i>Chargebacks Add \$0.05 per page for cardstock and Astrobright paper</i> 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: _____	