COPY REQUEST FORM

*All requests must be submitted **five (5) working days** before needed.*

Please submit to your Department Head.

MINISTRY_____

Date Submitted_____

Date Needed_____

Please write in this box what is to be copied and how many copies.

_____ ____

_____ ____

_____ ____

_____
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CHECK ALL THAT APPLY

11 X 17	**___1 side**	**___2 sided**	**___collated**	**___stacked**	**___stapled**
8.5 X 14	**___1 side**	**___2 sided**	**___collated**	**___stacked**	**___stapled**
8.5 X 11	**___1 side**	**___2 sided**	**___collated**	**___stacked**	**___stapled**

PAPER COLOR **___white** **___ivory** **___other**

SPECIAL INSTRUCTIONS:

Lead TRIO_____
Signature **Phone #** **Email** **Date**

Coordinator_____
Signature **Date**

Executive Staff_____ **___Approved ___Not Approved**
Signature

Revised/CED December 2010