REQUEST FOR COPY SERVICE

State Form 44874 (R10 / 6-01)
Approved by State Board of Accounts 1993

STATE OF INDIANA
Department of Administration

Agency Fiscal Account Number ____ - ____ - ____

Customer Number ____

FROM

Name of requestor	Date *(month, day, year)*
Agency	
Section	Telephone number
DELIVER TO: Building	Room number

REQUEST

Title of document	
DO NOT USE	Number of copies wanted
Date required *(month, day, year)*	Time required ☐ AM ☐ PM

PAPER

	Text	Cover
Size *(inches)*	☐ 8 1/2 x 11 ☐ 8 1/2 x 14 ☐ 11 x 17	☐ 8 1/2 x 11 ☐ 8 1/2 x 14 ☐ 11 x 17
Weight	☐ 20# ☐ 20# 3 Hole standard ☐ 70# _____	☐ 110# _____
Color	☐ White ☐ Transparencies	☐ White _____
Sides	☐ One-sided ☐ Two-sided ☐ Head to head ☐ Head to foot	**Front Cover** ☐ One-sided ☐ Two-sided ☐ Head to head ☐ Head to foot **Back Cover** ☐ One-sided ☐ Two-sided ☐ Head to head ☐ Head to foot
Color Copier	☐ Non - Edited ☐ Edited	
Special paper furnished	☐ Yes	☐ Yes

BINDING

Collate	☐ Yes	
Color Dividers	☐ Yes	
Stitching *(stapling)* (70 sheets, 20#, maximum)	☐ ☐ ☐	
Tabs	☐ White	☐ Color _____
	_____ sets per book	☐ 3 Set dividers ☐ 5 Set dividers
Tape Binding (125 sheets, 20#, maximum)	☐ Yes	**GBC Binding** ☐ Yes
Padding	☐ Top	☐ Left
	No. of pads _____	_____ sheets per pad
Punch	☐ 3 hole stand	☐ 2 hole top
	☐ Other _____	☐ 2 hole side
Cutting	Size: _____ x _____	
Folding	☐ Letter	☐ Middle
Shrink Wrap	No. of packages _____	No. per package _____

ENGINEERING

Lettings	Preset	DESCRIPTION	NUMBER OF PRINTS	Size
B_____	☐ 200% ☐ 100%			_____ x _____
M_____	☐ 50% ☐ 45.9%	Mylar Prints		
R_____	Number of original prints			Staple
T_____		Regular Prints		☐ Yes ☐ No

Special instructions

Approved by:		Received by:	
Date completed	Time completed	Copier	Operator
		TOTAL COST	$

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