

REQUEST FOR DUPLICATION

Date: _____ Dept. _____ Dup. Code: _____

Instructor's Name: _____ Contact number: _____

Date Needed: _____ Deliver Mailbox: _____ Pick up in MPC: _____

**Disclaimer: Law prohibits duplication of copyrighted material. BMNI-1333
Individuals may not request others to duplicate copyrighted material.**

Title of Material: _____

Number of pages: _____ Number of copies: _____ Instructor's copy: _____

Instructions: _____

Paper Color:

- | | | |
|---|---|--|
| <input type="checkbox"/> white | <input type="checkbox"/> green | <input type="checkbox"/> one side only |
| <input type="checkbox"/> blue | <input type="checkbox"/> lavender | <input type="checkbox"/> back to back |
| <input type="checkbox"/> buff | <input type="checkbox"/> pink | <input type="checkbox"/> collate |
| <input type="checkbox"/> canary | <input type="checkbox"/> salmon | <input type="checkbox"/> single staple (portrait) |
| <input type="checkbox"/> cherry | | <input type="checkbox"/> single staple (landscape) |
| <input type="checkbox"/> front cover color: | | <input type="checkbox"/> double staple |
| <input type="checkbox"/> back cover color: | | <input type="checkbox"/> holes (3 ring) |
| <input type="checkbox"/> spiral bind | <input type="checkbox"/> clear plastic covers | <input type="checkbox"/> fold (1/2 fold) |
| <input type="checkbox"/> transparency | <input type="checkbox"/> frame | <input type="checkbox"/> fold (1/3 fold) |
| | | <input type="checkbox"/> cut into _____ |

Scan to: tiff pdf Send to email: _____

Office use only

Completed by: _____ Date: _____

Machine used: Lanier Xerox JP1030

Delivered by: _____ Date: _____

Picked up by: _____ Date: _____

Computation

_____ copies x _____ = _____

_____ pages x _____ = _____

_____ spines x _____ = _____

_____ covers x _____ = _____

_____ hole punch x _____ = _____

_____ Total _____

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