

Name			Phone/Ext	Today's Date and Time
Department		Date and Time Required		
Return Job to	Job Name			
Call When Complete:	Yes	No	IS A PROOF COPY REQUIRED	

Copy Center
 Hours of Operation
 7:30 – 4:30
 Phone Number:
 412-291-6293
 E-mail:
 aipcopycenter@edmc.edu

Copies Needed: _____ **X Number of Originals:** _____ = **Total Copies** _____

Black/White Color
 Normal *8 Business Hours is normal turn around
 Rush *4 Business Hours is a rush turn around

<u>Type of Printing</u>	<u>Paper Size</u>	<u>Color</u>	<u>Finishing (*Extras)</u>
1 to 1 sided	8.5 X 11	Canary	Staple Single (left corner)
1 to 2 sided	8.5 X 14	Blue	Dual Staple
2 to 2 sided	11 X 17	Orchid	Landscape
2 to 1 sided	Transparencies	Green	Booklet – Saddle Stitch
	3 Hole Punch	Salmon	C Fold
	Other _____	Pink	Z Fold
			Fold / Score / Perforate
			Trim / Cut

Covers
 Front
 Back
 Both
 Stock Color _____

Slip Sheets (colored paper between sections)

Special Instructions: _____

Account Number: _____ **Supervisor Signature:** _____

Copy Center Use Only

VP/DAF Signature: _____

Date/Time Received: _____
 Date/Time Start/Finish: _____ / _____
 Date/Time Deleivered: _____
 Job Total Copies: _____
 Initials: _____

*Supervisors Signature is only needed for 1,500+
 Black/White Impressions
 **Two Supervisors Signatures are only needed for
 100+ Color Impressions