



XEROX WORK REQUEST

Xerographical Requests will be processed within 24 hours of receipt

Date _____ Time In _____		Request for colored paper <input type="checkbox"/>		Department Charged _____	
Date _____ Time Needed _____				Requester's Name _____	
Circle Paper Color & Weight		Number of Originals	Number of Copies	Staple / Binding Location	
20lb	White			Top Left	<input checked="" type="checkbox"/>
20lb	3-hole Punch White			Side Staple	<input checked="" type="checkbox"/>
20lb	Salmon			Book Staple	<input checked="" type="checkbox"/>
20lb	Buff			Bound	<input type="checkbox"/>
20lb	Ivory 67lb			Special Instructions Side Orientation 1:1; 1:2; 2:2	
20lb	Green 67lb				
20lb	Gold 67lb				
20lb	Canary 67lb				
20lb	Pink 67lb				
20lb	Blue 67lb				
20lb	Tan 67lb				
20lb	Gray 67lb				
Other _____					
Xerox Account # _____					
Authorized Signature _____					