

# Mail and Printing Services | Print Request Form

<b>Department, Name, or Organization:</b>	Reference #:	
	Order Submitted By:	
	Date Submitted:	Time Submitted:
<b>FOP or 919 or Cash:</b> <small>(the number given will be charged)</small>	<b>Date Needed:</b>	<b>Time Needed:</b>
	<b>Delivery (yes or no):</b>	

File Name/ Description	Color or Black & White	# Of Pages	# Of Copies	2 Sided Copies Yes or No	Staple or 3 Hole Punch	Paper Type and Color	Paper Size	Additional Instructions <small>(cutting, laminating, binding, etc.)</small>

**Mail & Printing Services Use Only**

Completed By: \_\_\_\_\_

Date Completed: \_\_\_\_\_