



Central Support Work Request

Date Submitted: _____
Date Required: _____
Job Number: _____

Part 1—Work Request

Title: _____

Number of Originals: _____ Number of Copies: _____ Number of Impressions: _____
Black Printer: _____ One Side: _____ Front & Back: _____ Copy As Is: _____
Color Printer: _____ One Side: _____ Front & Back: _____ Copy As Is: _____
Press: _____ Ink Black: _____ PMS Color: _____

Type of Paper:

____ Letter 8 1/2 x 11
____ Legal 8 1/2 x 14
____ 11 x 17
____ 2 Part NCR
____ 3 Part NCR
____ 4 Part NCR
____ 3 Hole Punch
____ Color Paper Text
____ Card Stock Color _____
____ Other _____

Cost Information

Paper _____
Machine Time _____
Labor _____
Service Charge _____
Paper Plates _____
Metal Plates _____
Ink Charge _____
Staple _____
Cutting _____
Padding _____
Folding _____
Binding _____
Laminate _____
Bindery (Outside) _____
Color Printer _____
Color Printer (Black) _____
Other _____
TOTAL _____

Services:

____ Collate & Staple
____ Collate Only
____ Group (stack)
____ Cut & Trim Size _____
____ GBC Binding (spiral)
____ Perfect Binding (like paperback book)
____ Folding
____ Padding _____ sheets per pad

Special Instructions:

Departmental Approval:

Signatures: _____ Title: _____ Date: _____

Part 2 - Distribution

Copies will be picked up at MCCS by: _____ Phone #: _____

Campus & Centers Only:

Return Copies by Mail to: _____ Campus: _____ Room #: _____

Distribute Copies:

____ All Employees
____ Faculty
____ Administrators & Professionals
____ Career

Part 3 -Charge Backs	Credit Account	Debit Account	Total
Print Shop Charge Back	163308/62002	/62002	