



CLIU DUPLICATING SERVICES REQUEST FORM

(Please submit form to the Duplicating Department.)

Department Budget Code:	_____	(Mandatory)	Date Submitted: _____
Client Name:	_____	Due Date:	_____
Phone:	_____	Fax:	_____
Email:	_____		
How are the materials being submitted:	<input type="checkbox"/> Hard Copy	<input type="checkbox"/> USB or Flash Drive	<input type="checkbox"/> Emailed to lillyt@cliu.org
Final project will be:	<input type="checkbox"/> Picked up by Client		
	<input type="checkbox"/> Delivered to: _____	Bldg/Room#: _____	School Code: _____

Number of Originals (each page that has print = 1): _____ **Number of Copies Requested:** _____

Project Name: _____

Copies: Black & White Ink Color Ink **Paper Color Requested:** _____

1 Sided Regular (20 lb.) Laminate

2 Sided Cardstock (90 lb.)

Collated (1, 2, 3) Stacked (1, 1, 1) (2, 2, 2) (3, 3, 3)

Size of Copies: Same as original Other: _____

Covers: Front Back Front & Back **Paper Color Requested:** _____



Regular (20 lb.) Cardstock (90 lb.) Laminate

Other Options: 3-Hole Drill Staple

Cut Paper Clip

Fold 1/2 Tri Rubber Band

Laminate Notepad/Tablet

Comb Binding  EZ Coil 

Special Instructions:

ANY REPRODUCTION OF COPYRIGHTED MATERIAL(S) MUST HAVE A COPYRIGHT LETTER OF APPROVAL STATING THAT CLIU HAS PERMISSION TO PRINT MATERIAL(S) REQUESTED ON THIS CLIU DUPLICATING REQUEST FORM.

For Duplicating use ONLY (Do Not Write Below Line)

Date Completed: _____

Operator's Initials: _____

Billing Information: _____