

REQUESTOR'S INFORMATION

Name: _____ Department: _____

Date: _____ Telephone: _____

REASON FOR REQUEST:

- Can not get done in the appropriate time as quoted/estimated by Duplicating staff
- Do not have the proper duplicating equipment or materials
- Not having the stock of choice on hand
- Copier or equipment out of service

Job Specifications Attached

Proposed Vendor: _____

Estimated Cost: _____

Payment to be made by: P-Card

Cardholder Name: _____

Approved to print off campus;

Duplicating Staff Signature: _____

Manager of Support Services Signature: _____