

UCA COPY CENTER REQUISITION

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Requisitioning Department _____

Authorizing Supervisor _____ Order Date: _____

Department Account Number To Be Charged _____

_____ x _____ = _____

Originals Copies Total Copies

Office Use Only

JOB REQUIRES:

One side copy _____
Two side copy _____
Stapling _____
Folding _____
Cutting _____
Collate _____
Binding _____
Color paper _____
3-hole punch _____
Index cover _____
Other: _____

PRICING

B&W Copies:

8 1/2x11 \$0.0325 _____
Duplex \$0.06 _____
11x17 \$0.06 _____
Duplex \$0.11 _____

Color Copies:

8 1/2x11 \$0.35 _____
Duplex \$0.65 _____
8 1/2x14 \$0.40 _____
Duplex \$0.75 _____
11x17 \$0.60 _____
Duplex \$1.10 _____

OTHER PER PAGE CHARGES

Stapling @ .005 _____
Folding @ .005 _____
Color paper @ .01 _____
Index cover @ .02 _____
Cut/per cut @ .10 _____
Pad/per pad @ .15 _____
Binding:
1/4" to 1" @ .75 _____
Over 1" @ 1.00 _____
3-hole punch @ .01 _____

TOTAL \$ _____