

# The HUB Services Request Form

Building 99, Room 1118 Fax 475-7099

Department _____		Title of Original _____
Requested By _____	Phone No. _____	Due Date _____
Deliver to _____	Bldg. No. _____ Room No. _____	Job # _____

## COPYING Tel: 475-2342 / COLOR COPIES: 475-2117

Acct. No. \_\_\_\_\_

- B&W/Grayscale Copies       Color Copies  
 Copies per original \_\_\_\_\_       Total originals \_\_\_\_\_  
 Hard copy \_\_\_\_\_       Electronic Format \_\_\_\_\_

### COPIED

- One-sided       Two-sided  
 Typesetting (requires additional days for job completion)

### PAPER

- 8.5x11 \_\_\_\_\_  
 8.5x14 \_\_\_\_\_  
 11x17 \_\_\_\_\_

## PRINTING Tel: 475-2117

Acct. No. \_\_\_\_\_

- # of sets/impressions \_\_\_\_\_       total originals \_\_\_\_\_

### PRINTED

- One-sided       Two-sided  
 Typesetting (requires additional days for job completion)

### INK

- Black       PMS colors \_\_\_\_\_

### STOCK

- Letterhead       Carbonless (No. of parts) \_\_\_\_\_  
 Envelopes  
 First Class Labels \_\_\_\_\_  
 Other stock \_\_\_\_\_

### BINDERY

- Collate       Staple       Fold (type of) \_\_\_\_\_  
 Pad Qty. \_\_\_\_\_ /# sheets per pad \_\_\_\_\_       Cut size \_\_\_\_\_       Drill (# of holes) \_\_\_\_\_  
 Shrinkwrap       Tape Binding       Comb binding       Laminating  
 Perforating       Scoring       Numbering \_\_\_\_\_       Other \_\_\_\_\_

## MAILING Tel: 475-2300

Acct. No. \_\_\_\_\_

No. of Pieces \_\_\_\_\_

- Interoffice       1st Class  
 Periodicals       Standard  
 Machine Set-up       Labeling  
 Processing  
 Machine/Hand Inserting       Number of inserts \_\_\_\_\_  
 Metering/Sealing  
 Tabbing \_\_\_\_\_  
 Other \_\_\_\_\_

Jobs completed within 3-5 working days

### FOR MAIL SERVICE USE ONLY

Date \_\_\_\_\_  
 Acct # \_\_\_\_\_  
 Pieces \_\_\_\_\_ Cost \_\_\_\_\_  
 Date list rec'd \_\_\_\_\_ Date material rec'd \_\_\_\_\_  
 Total of mailing \_\_\_\_\_  
 Date completed \_\_\_\_\_  
 Pc. Wgt. \_\_\_\_\_ # sacks/trays \_\_\_\_\_  
 SCF Basic \_\_\_\_\_ SCF 3/5 \_\_\_\_\_

### Special Instructions:

## RIT GENERIC SUPPLIES (No Department Name) Acct. No. \_\_\_\_\_

Qty.	Item	Qty.	Item	Qty.	Item
___	Campus Connection Charge Authorization Form - 25/pkg	___	Invoice Payment Authorization - 25/pkg	___	Strathmore Script, 8.5x11, Bright White - Ream
___	Deposit ID Forms - 50/Pkg	___	Petty Cash Forms - 50/Pkg	___	Telephone & Routing Pads, 50 shts/pad - each
___	Exam Books, 8.5x11, Blue - 100/Pkg	___	RIT Of ce Memo Pads, 8.5x11, 50 shts/pad - each	___	Test Scoring Forms - 100/Pkg
___	Exam Books, 8.5x7, Blue - 100/pkg	___	RIT Of ce Memo Pads, 8.5x5.5, 50 shts/pad - each	___	Travel Expense Report - 25/Pkg
		___	RIT Shipping Forms - 25/pkg		