

# 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. \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> B&W/Grayscale Copies      | <input type="checkbox"/> Color Copies            |
| <input type="checkbox"/> Copies per original _____ | <input type="checkbox"/> Total originals _____   |
| <input type="checkbox"/> Hard copy _____           | <input type="checkbox"/> Electronic Format _____ |

### COPIED

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> One-sided   | <input type="checkbox"/> Two-sided |
| <input type="checkbox"/> Typesetting (requires additional days for job completion) |                                    |

### PAPER

- |                                       |
|---------------------------------------|
| <input type="checkbox"/> 8.5x11 _____ |
| <input type="checkbox"/> 8.5x14 _____ |
| <input type="checkbox"/> 11x17 _____  |

## PRINTING Tel: 475-2117

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

- |  |  |
|--|--|
| <input type="checkbox"/> # of sets/impressions _____ | <input type="checkbox"/> total originals _____ |
|--|--|

### PRINTED

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> One-sided   | <input type="checkbox"/> Two-sided |
| <input type="checkbox"/> Typesetting (requires additional days for job completion) |                                    |

### INK

- |                                |   |
|--------------------------------|---|
| <input type="checkbox"/> Black | <input type="checkbox"/> PMS colors _____ |
|--------------------------------|---|

### STOCK

- |   |  |
|---|--|
| <input type="checkbox"/> Letterhead         | <input type="checkbox"/> Carbonless (No. of parts) _____ |
| <input type="checkbox"/> Envelopes          |  |
| <input type="checkbox"/> First Class Labels |  |
| <input type="checkbox"/> Other stock _____  |  |

## BINDERY

- |   |   |   |                                      |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Collate                                | <input type="checkbox"/> Staple         | <input type="checkbox"/> Fold (type of) _____     |                                      |
| <input type="checkbox"/> Pad Qty. _____ /# sheets per pad _____ | <input type="checkbox"/> Cut size _____ | <input type="checkbox"/> Drill (# of holes) _____ |                                      |
| <input type="checkbox"/> Shrinkwrap                             | <input type="checkbox"/> Tape Binding   | <input type="checkbox"/> Comb binding             | <input type="checkbox"/> Laminating  |
| <input type="checkbox"/> Perforating                            | <input type="checkbox"/> Scoring        | <input type="checkbox"/> Numbering _____          | <input type="checkbox"/> Other _____ |

## MAILING Tel: 475-2300

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

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

- |   |  |
|---|--|
| <input type="checkbox"/> Interoffice            | <input type="checkbox"/> 1st Class               |
| <input type="checkbox"/> Periodicals            | <input type="checkbox"/> Standard                |
| <input type="checkbox"/> Machine Set-up         | <input type="checkbox"/> Labeling                |
| <input type="checkbox"/> Processing             |  |
| <input type="checkbox"/> Machine/Hand Inserting | <input type="checkbox"/> Number of inserts _____ |
| <input type="checkbox"/> Metering/Sealing       |  |
| <input type="checkbox"/> Tabbng _____           |  |
| <input type="checkbox"/> 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		