

# 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"/> Perforating _____                      | <input type="checkbox"/> Scoring _____      | <input type="checkbox"/> Numbering _____          |
|   |   | <input type="checkbox"/> Laminating _____         |
|   |   | <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		