

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

- 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

- | | | |
|---|---|---|
| <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"/> Tabbing _____ | |
| <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		