

# 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                      |      |  |