

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. _____

of sets/impressions _____ total originals _____

PRINTED

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

INK

Black _____ 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 _____

Machine Set-up _____ Labeling _____

Processing _____

Machine/Hand Inserting _____ Number of inserts _____

Metering/Sealing _____

Tabbng _____

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		