

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

- | | |
|--------------------------------------|---|
| <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		