

# 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		