

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 |
| <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 | | |