



# Printing Services

## Printing Request Form

<input type="checkbox"/>	E-mail Notification
_____	Date Completed

(office use only)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date/Time Required: \_\_\_\_\_ Delivery:  Yes  No

Deliver to: \_\_\_\_\_

Method of Payment:  Departmental Charge  Cash/ Check/ Credit Card

FUND	ORGN	ACCT #	PROG
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	7 4 1 3 0	<input type="text"/>

### Printing Options

No. of Originals \_\_\_\_\_ No. of Copies \_\_\_\_\_ Paper Color /Stock \_\_\_\_\_

Paper Size: \_\_\_\_\_  1 Side  2 Sides  Color Copy  Fold  Binding

### Job Description and Special Instructions:

Please submit completed request form to [printingservices@apsu.edu](mailto:printingservices@apsu.edu).

Total \$ _____
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