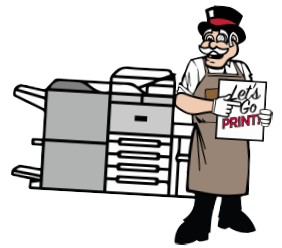


# AP | GOVS PRINT

## EXTERNAL

### PRINTING REQUEST FORM



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

Address: \_\_\_\_\_

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

Date/Time Required: \_\_\_\_\_

Method of Payment:  Taxable  Nontaxable  Cash/ Check/ Credit Card

#### Printing Options

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

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

#### Job Description and Special Instructions:

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

Total \$ \_\_\_\_\_