Department of Chemistry and Biochemistry  
Work Request Form

Name: ________________________________
(If you are a student, you must have approval from your advisor if using their Access Code or Fund #)
Date Submitted: _______________________

Phone Number: _______________________

Date Required: ________________________
(Requests must be made 1 business day in advance. Longer and more detailed requests must be given additional time to complete.)

Copyng: (indicate below)
Number of copies: _________  # of pages: _________  Color of paper: _________
Finishing: □ Collate  □ Staple  □ 3-Hole Punch
□ Print 1 Side  □ Print 2 Side

Scanning: (please choose an option):
□ Text Scanning  □ Image Scanning
□ Save on Disk (please provide disk)  □ Send by E-mail

E-mail Address: ____________________________

Color Printing: (indicate below) (*Note: 25 cents per copy)
Number of copies: _________
□ Document is on a disk. Name of document: ____________________________
□ Document is sent as an e-mail attachment.
Transparencies: Black (75 cents) or Color ($1)
Number of copies: _________  Black □  Color □

Faxing: (Please make sure a completed cover sheet is attached)

Typing: (Description)

Other:

Additional comments or instructions:

DELIVERY:
□ Please place in my mailbox.
□ I will pick up job at your office (please call me when job is completed).

**Note: Completed form should be placed in the receptionist inbox in GSRC 113.**