

COPY REQUEST FORM

Date Submitted: _____

Time: _____ AM/PM

Needed By: *(please allow 48 hours for request)* ALL COPIES NEEDED FOR THE WEEKEND NEED TO BE PICKED UP ON FRIDAY BEFORE 4PM. COPIES NEEDED DURING THE WEEK NEED TO BE PICKED UP BY 5PM PRIOR TO THE DAY NEEDED OR ON THE DAY NEEDED. **(NO ONE WILL BE ALLOWED IN THE OFFICE TO RETRIEVE COPIES AFTER HOURS).**

Date Needed: _____

Time Needed: _____ AM/PM

Originator: _____

Ministry: _____

Project/Item: _____

Items Needed:

Photo Copies: Number Needed: _____ Double-Sided Copies _____ Stapled: _____

3-Hole Punched: _____ Folding: _____ Mailing Required: Yes ___ No ___

Paper Size: 8.5 x 11 _____ 8.5 x 14 _____ 11x17 _____ Paper Color _____
(White paper will be used if color not specified)

Instructions: _____

All items needing to be mailed need to be approved and mailed by the office staff.

FOR OFFICE USE ONLY:

Approved By: _____ Date/Time: _____
(Ministry Leader)

Completed By: _____ Date/Time: _____