

College of Education Copy Center Form (Personal Copying)

(Yellow)

Name: _____

Dated Needed: _____

(Please Print Name)

Copies are \$.06 each

Books are \$.10 each

Reduction/Enlargements are \$.10 each

Paper and Other Options (Place an X in the boxes for the options you want)

<input type="checkbox"/> 8 ½ X 11	<input type="checkbox"/> Color Copies \$.45	<input type="checkbox"/> Collate
<input type="checkbox"/> 8 ½ X14 (White only)	<input type="checkbox"/> Book Color Copies \$.55	<input type="checkbox"/> Staple
<input type="checkbox"/> 11 x 17	<input type="checkbox"/> 3 Hole Punch	<input type="checkbox"/> Double sided
<input type="checkbox"/> Reduction/Enlargement \$.10	<input type="checkbox"/> Tri-fold	<input type="checkbox"/> Single sided
<input type="checkbox"/> Cardstock \$.10	<input type="checkbox"/> Color Paper _____	<input type="checkbox"/> Bright Color Paper \$.08 _____

Binding (Place an X in the boxes for the options you want)

<input type="checkbox"/> Velo Binding @ \$1.00	<input type="checkbox"/> Spiral Binding: Small _____ @ \$1.00	Med _____ @ \$1.50	Large _____ @ \$2.00
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Books (Write the number of pages and copies you want from your book)

Number of Pages	Number of Copies (\$.10 each)	Total

Other Copying (Write the number of pages, copies and special instructions)

Number of Pages	Number of Copies (.06 each)	Total	Please list special instructions below
Total Copies →			

Completed Work Received By _____

Copy Center Staff/Initial _____ C650 _____ 1050 _____ Paper Only _____ Non-Copy Job _____