Today's Date / Time: ____________________________
Date / Time Required: ____________________________
Requested By: ________________________________
Department: ________________________________

- o Customer P/U
- o Deliver

Number of Pages Per Original: ____________________________
Number of Copies / Sets: ____________________________

<table>
<thead>
<tr>
<th>Standard Copies</th>
<th>B&amp;W:</th>
<th>Color:</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.5 x 11</td>
<td>Copy As Is</td>
<td></td>
</tr>
<tr>
<td>8.5 x 14</td>
<td>Copy Double-Sided 1-2</td>
<td></td>
</tr>
<tr>
<td>11 x 17</td>
<td>Copy Two to One 2-1</td>
<td></td>
</tr>
<tr>
<td>Reduce_____ Enlarge_______</td>
<td>Collated Only</td>
<td></td>
</tr>
</tbody>
</table>

- o Collated and Stapled
- o Horizontal Staple
- o Slanted Staple
- o Staple Top Right____ Left____

Paper:
- o Standard
- o 3 Hole
- o Color Paper: (circle one) Yellow Blue Pink Green Ivory Orange Grey Goldenrod Purple
- o Cardstock: (circle one) White Ivory Grey Black

Finishing Services:
- o Tape Binding: Black ____ White ____ Blue ____
- o Rebind Original Tabs: Number ____ Alpha____
- o Spiral Coil Binding: Color_______ Custom - (Submit PDF Format)
- o Comb Binding: Color_______ Portrait _____ Landscape _____
- o 11 X 17 Folded Lamination - 8.5 X 11 Only
- 2 Staples in the center (Magazine) Large Drawings: 18 X 24____ 24 X 36____

- o Covers: Front ____ Back____
- o Covers: Black ____ White______
- o Covers: Clear____
- o Folding: Letter ____ Z Fold____
- o Special Request / Services: ____________________________

Sample Approved by Customer (please initial):

COPY CENTER USE ONLY

Date Received: ____________________________ Initials: ____________________________
Meter Start: ____________________________ Meter End: ____________________________
Total Billable Impressions: ____________________________ Waste: ____________________________
Services / Comments: ____________________________

Operator Initials: ____________________________ Date/Time Completed: ____________________________
QC'd by: ____________________________ On Time: Y or N

OVERTIME AUTHORIZATION (RICOH/FM USE ONLY)

Approx. Hours Needed: ____________________________ Amount per Hour: ____________________________
Total Cost: ____________________________ Authorized Signature: ____________________________