



DUPLICATING CENTER REQUEST

DELIVER TO
MAILBOX IN

Allow (2) business days to complete order.

Email: ohlone@e-arc.com Phone: 510.659.6211

- Fremont
- Newark

Date Submitted: _____ Date Due: _____

Submitted By: _____ Full Time Part Time

Phone/Ext: _____ Department: _____ Dean: _____

Description of Job/Order: _____

Of Originals/Pages: _____ #Of Copies: _____

Color ink copies need Dean/Manager approval and signature: _____

Copyrighted materials will not be printed without release from the publisher/author.

DUPLICATING SPECIFICATIONS AND INFORMATION

Size	Paper Color	Print	Paper	Color
<input type="checkbox"/> 8.5 x 11	<input type="checkbox"/> White	<input type="checkbox"/> One Side (1-1)	<input type="checkbox"/> 20# Regular Bond	<input type="checkbox"/> Print in Color
<input type="checkbox"/> 11 x 17	<input type="checkbox"/> Green	<input type="checkbox"/> Two Side (1-2, 2-2)	<input type="checkbox"/> 90# Cardstock	(Needs Approval)
<input type="checkbox"/> 12 x 18	<input type="checkbox"/> Blue	<input type="checkbox"/> As Originals	<input type="checkbox"/> Other	Scanning
<input type="checkbox"/> 8.5 x 14	<input type="checkbox"/> Pink		<input type="checkbox"/> Customer Provided	<input type="checkbox"/> Scan to PDF+Email
	<input type="checkbox"/> Canary			(Provide email below)
	<input type="checkbox"/> Buff	Exams		
	<input type="checkbox"/> Goldenrod	<input type="checkbox"/> Wrap and Seal		

FINISHING REQUIREMENTS

Assembly	Stapling	Binding	Folding
<input type="checkbox"/> Collate/As Originals	<input type="checkbox"/> Corner	<input type="checkbox"/> GBC ComBind	<input type="checkbox"/> Half Fold
<input type="checkbox"/> Stacked/Not Collated	<input type="checkbox"/> Side 2	<input type="checkbox"/> ACCO Bind	
<input type="checkbox"/> 3-Hole Punch	<input type="checkbox"/> Saddle Stitch	<input type="checkbox"/> Other	
<input type="checkbox"/> Cut to _____	<input type="checkbox"/> As Originals		

SPECIAL INSTRUCTIONS / OTHER

DUPLICATING CENTER USE ONLY

All requests and deliveries will be delivered to Newark or Fremont as indicated on this form. Dean / Manager: _____

Date Completed: _____ Operator: _____ # Of Impressions: _____ Date Delivered: _____