**Florida A&M University**

**Copy Center**

**Job #**

**Dept. I.D.**

**Fund**

**Program**

**Project**

**Name**

**Authorized By (REQUIRED)**

*Your signature will provide the authorization to perform a budget transfer if funds are not available for the department numbers listed on this form. You will be immediately notified of the amount, department and account of the transfer.*

**Campus Address**

**Phone**

**FAX**

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### Copies

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**Paper Color**

**Type**

**Cover**

**Collate**

**Non-Collated**

**X**

**Side:**

*1:1  1:2  2:1  2:2*

---

### Binding

**Comb**

**Spiral**

**Tape**

**Unibind**

**Velo**

---

### Cutting

**Piece Dimensions**

**Qty. Cut Pieces**

---

### Drilling

**Holes**

**Top**

**Left**

**Right**

**Folding**

---

### Laminating

**Pouch**

**Roll**

**Padding**

**Top**

**Side**

**Sheets per Pad**

**NCR**

---

### Stapling

**1**

**2**

**3**

**Top**

**Left**

**Right**

**No Staples**

**Make-ready**

---

### Purpose

**Comments/Special Instructions**

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### FOR REPRODUCTION CENTER USE ONLY

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**Service**

**# of Items**

**Cost**

**X**

**Estimator**

---

**Completion Date**

**UCC Key Op/QC**

**Total Cost**

$