


REPRO CENTER

(619) 388-7875 | repro@sdccd.edu

One work order per copy request is required. Please allow 24 hours to complete your job.

CLASS OR DEPT:	PHONE:	DATE:
REQUESTOR:	DATE DUE:	TIME DUE:
TITLE OF MATERIAL:	NOTIFY WHEN READY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL: _____	
** PLEASE NOTE: A DUE DATE IS REQUIRED TO AVOID ANY DELAY IN YOUR WORK REQUEST **		
FILL IN CHOICES BELOW: _____ How many printed originals? (per side) _____ How many copies? _____ Color of Paper stock _____ Color of Cardstock: <input type="checkbox"/> front <input type="checkbox"/> back <input type="checkbox"/> other Transparent Covers: <input type="checkbox"/> front <input type="checkbox"/> back Cut: <input type="checkbox"/> yes Dimensions: _____ x _____ NCR (carbon copy) 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> part Color Copies * <input type="checkbox"/> yes *Over four color copies must have chairperson's signature. X _____		CHECK OPTIONS: <input type="checkbox"/> One-sided <input type="checkbox"/> Back-to-back <input type="checkbox"/> Collate <input type="checkbox"/> Staple <input type="checkbox"/> 3-hole Punch <input type="checkbox"/> Pad <input type="checkbox"/> Fold <input type="checkbox"/> Half <input type="checkbox"/> Tri-fold <input type="checkbox"/> Other <input type="checkbox"/> Bind <input type="checkbox"/> Comb <input type="checkbox"/> Tape <input type="checkbox"/> *Saddle Stitch <input type="checkbox"/> Laminate <small>*Saddle Stitch booklets must have a page count that is divisible by 4</small>
<input type="checkbox"/> Design / Word processing* DO YOU WANT TO PROOF? <input type="checkbox"/> YES *Design & Word processing requires 5 working days to complete.		<div style="text-align: center;">  <p>BE VERY AWARE OF COPYRIGHT LAWS</p> <p><i>Requestor takes full responsibility to conform with all copyright laws</i></p> </div>
Typist / Designer: _____ # of Typed Pages : _____ Proofed by: _____		
SPECIAL INSTRUCTIONS:		
PROGRAM: _____ BUDGET NUMBER: _____		CHARGES: Xerox Color Masters <small>(wide format printing)</small> WFP Misc Total
OPERATOR INITIALS: _____		

REPRO USE ONLY

ALL RESTRICTED PROGRAMS MUST SUBMIT A BUDGET NUMBER FOR PROCESSING

NOTICE

Classified Staff: Production will halt until a budget number is provided.

Faculty: Dept. budget number will be charged at the end of the month.