

**The Catholic Center
Copy Center Request Form**

Date: _____ Time: _____

Requested by: _____

Dept. Name: _____ Tel Ext. _____ Floor: _____

When Needed: Today Next Day: Time _____ Black & White Copies
Priority Rating: up to 30 min. Color Copies (Billable)
 30 min to 2 hrs
 2hrs to 6 hrs.

Job Description:	No. of Originals	No. of Copies
1. _____	_____	_____
2. _____	_____	_____

Paper Type	<input type="checkbox"/> 8½x11	<input type="checkbox"/> Color Copies (Billable)
	<input type="checkbox"/> 8½x14	<input type="checkbox"/> Letterhead (please provide)
	<input type="checkbox"/> 11x17	<input type="checkbox"/> Colored Paper _____ (Color)

Instructions	<input type="checkbox"/> 1 Sided	<input type="checkbox"/> Collate in Sets	<input type="checkbox"/> Reduction	<input type="checkbox"/> 100%
	<input type="checkbox"/> 2 Sided	<input type="checkbox"/> Stacks	<input type="checkbox"/> Enlarge	

Binding	<input type="checkbox"/> Clip	<input type="checkbox"/> 3 Hold Punch	<input type="checkbox"/> Staple	<input type="checkbox"/> Fold
	<input type="checkbox"/> Spiral Bind (48-72 hour turnaround)			

Special Instructions:

Distribute Copies as Follows:

<input type="checkbox"/> Pastors	<input type="checkbox"/> Parish Life Coordinators
<input type="checkbox"/> Pastoral Associates	<input type="checkbox"/> DRE's
<input type="checkbox"/> Agency and Office Directors	<input type="checkbox"/> Principals
<input type="checkbox"/> Youth Ministers	

Distribution:

Originals to: _____ Copies to: _____

Copy Center Use Only

Job No.	<u>Production Information & Special Handling</u>	
Total Copies	No. Binds _____	Hand Collating ___ hrs.
Machine No.	No. Tabs _____	
Operator	Amount to Bill _____	
Delivered by		

Copy Center 317-236-1509 Email: mailroom@archindy.org

THANK YOU FOR YOUR BUSINESS