



PRINTING REQUEST FORM

Printing job will be completed (3) business days from the date form is submitted.

Date form submitted _____

Please give us a description of your request.

of originals _____

of copies _____

One- sided

Two-sided

8.5 x 11

8.5 x 14

11 x 17

Paper Color:

White

Other

Collate :

No Staple

1 Staple

2 Staples

Other: _____

PRINTED NAME AND SIGNATURE OF REQUESTER	HOME PHONE
PRINTED NAME AND SIGNATURE OF MINISTRY DIRECTOR	HOME PHONE
SIGNATURE OF STAFF MEMBER PROCESSING REQUEST	DATE