



Mt. Zion Baptist Church Request for Copies

Today's Date: _____ Date Needed: _____

Name: _____ Phone: _____

Ministry: _____ Title: _____

Event: _____

This request is for: Copying Printing

Distribution: Bulletin Inserts Community Other _____

Number of originals: _____ Number of copies: _____

<input type="checkbox"/> 8.5 x 5.5 (half page)	<input type="checkbox"/> Single-sided	<input type="checkbox"/> Flyer	<input type="checkbox"/> Cut
<input type="checkbox"/> 8.5 x 11 (letter)	<input type="checkbox"/> Double-sided	<input type="checkbox"/> Program	<input type="checkbox"/> Collate
<input type="checkbox"/> 8.5 x 14 (legal)	<input type="checkbox"/> Blk/Wht copies	<input type="checkbox"/> Booklet	<input type="checkbox"/> Staple
<input type="checkbox"/> 11 x 17 (ledger)	<input type="checkbox"/> Color copies	<input type="checkbox"/> Brochure	<input type="checkbox"/> Fold
<input type="checkbox"/> Other _____	<input type="checkbox"/> Color paper _____	<input type="checkbox"/> Other	<input type="checkbox"/> Hole Punch

If color copies or color paper are requested, what is the purpose? _____

Special notes and/or instructions: _____

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OFFICE USE ONLY

Date Received: _____ Date notified for pick up _____

Approved by: _____ Date: _____