Please complete form and deliver to Print Shop or email to UICOMP-Dept-printshop@uic.edu.

UIC	THE UNIVERSITY OF ILLINOIS COLLEGE
Ш	OF MEDICINE PEORIA CHICAGO ROCKFORD URBANA

No. of Originals

## **Operator Use Only**

ILLINOIS	Duplication Order	Job No.
COLLEGE OF MEDICINE	Account No.	
PEORIA CHICAGO ROCKFORD URBANA	Requester	
<b>Notice:</b> Any project consisting of 100 or more total copies that is not submitted two full work days prior to the date it is needed will be	Department	
charged a "Late Notice Charge" of 50% of the total cost. Print shop hours 8:00a.m. to 5:00 p.m.	Date Submitted	
INSTRUCTIONS	Date Needed	
Print		
Gray Scale	To Be Comp	leted By Operator
Color Padding		, operator
Double Side	Originals	
Pad Fold Style	Copies Gray Scl.	Sum
Fold Staple Location	copies diay sei.	
Staple  Cutting  Punch Style	Copies Color	Sum
Punch	Staples	Sum
Binding Style  Binding	Folding	Sum
☐ NCR NCR Type	Tolding	Juni
☐ Scanning	Cutting	Sum
Special Instructions	Binding	Sum
	Padding	Sum
	Punch	Sum
	Collate	Sum
	Special Paper	Sum
	Editing	Sum
	Other	Sum
	Less 2-Sided	Sum
	Less Paper	Sum
	50% Late Charge	Sum
		TOTAL

**Copies Needed** 

SAVE\*