



LOYOLA UNIVERSITY CHICAGO

Printing Request Form

Job No.

Preparing people to lead extraordinary lives

Contact Name: _____ Phone #: _____ Email: _____
 Department: _____ Building: _____ Room #: _____
 Project Title: _____ Campus: _____

Printing Services MUST have the following information BEFORE processing your order:

Account No.: _____	Dept. Approval: _____
Date Ordered: _____	Date Due: _____

Copying: B & W Copying: Color

of Pages _____

Type of Paper _____

Quantity _____

Paper Size _____

Single Sided

Slip Sheet Color _____

Double Sided

No. of Tabs _____

Both

NCR _____ Part 2 3 4 5

FINISHING

Collating

Stapling # _____ Location _____

Drilling _____

GBC Binding

Folding (Attach Sample)

Tape Binding

Cutting

Rubber Band

Padding Sht/Pad 50 100

Special Instructions:

ROUTING: Printing Services is NOT responsible for jobs AFTER they leave the premises.

Pickup Delivery

Lake Shore Campus
 Centennial Forum
 1st Floor, Room 122
 Phone: 8-2042, Fax: 8-7744