Maynooth University Photocopying Request Form

Name (requested by)	Department
Delivery Address	Room No: Collect: Yes \(\Boxed{\text{No}} \\ \Data \(\Data \)
Phone No: Fax No:	Email:
Date Received Date Requ	uired Signature
Business Unit	
N.B Although requests may be processed by re	equired date the turnaround time is three to five working days.
Document Title(s)	
No of Pages: (pa	ages must be numbered) No of Copies:
The job will not proceed without the above information	
Photocopied one side only Yes	Collated: Yes \square No \square
Photocopied both sides:	Stapled: yes ☐ No ☐ (max 70 sheets)
Standard Paper: A4 80 gm white yes	
Non-Standard: (Specify) Size:Wo	eight:Colour:
Covers: Yes No Colour:	
Cover sheet photocopied onto card \Box	Other, please specify
Binding Yes ☐ No ☐	
If yes, which type? Heat \square (max 345 pages	Spiral Bind
A5 Saddle stitch booklets: all one colour	
Is a proof required? Yes ☐ No: ☐	
Additional Information:	
Office Use Only Job No :	Cost:
Proof Date:	Delivery Date: