Suffolk
COUNTY COMMUNITY COLLEGE

PRINT SHOP REQUEST FORM

NAME OF REQUESTER	DEPARTMENT/CAMPUS	PHONE	E-MAIL ADDRESS	TITLE OF MATERIAL TO BE PRINTED

DATE SUBMITTED	DATE NEEDED	NAME/PHONE #/PERSON TO RECEIVE MATERIAL	# OF PAGES	# OF COPIES

SIGNATURE OF DEPT HEAD	PRINT DEPT/MANAGEMENT APPROVAL	( ) 1 SIDED	( ) 2 SIDED

( ) PAPER COLOR _____ ( ) CARD COLOR _____ ( ) CARBONLESS ( ) 2 ( )3 ( )4 ( )5 PART	( ) COLLATE ( ) CUT ( ) FOLD ( ) PAD ( ) PUNCH HOLES ( ) BIND	( ) STAPLE ( ) UPPER LEFT ( ) 2 LEFT SIDE ( ) BOOKLET ( ) OTHER	***PRINT SHOP USE ONLY*** ***JOB NUMBER***_____ DATE RECEIVED_____ DATE COMPLETED_____

JOB DISCRIPTION AND SPECIAL INSTRUCTIONS

PLEASE NOTE

1. The print Shop requires a minimum of 14 working days to complete a job.

2. Be sure to have all necessary department approval/signatures to avoid delays.

3. Development of new forms must be coordinated with your counterpart office at other campuses.

4.If the material requested can be used by another office, please contact that office and list its requirements and delivery instructions.

WHITE: *PRINT SHOP COPY* **YELLOW:** *DEPARTMENT COPY*