CENTRALIZED COPYING REQUEST

BONFIELD

Warwick School District
301 W. Orange Street, Lititz, PA 17543
626-3734 Ext 3789 or copyroom@warwicksd.org

Please make any special notations or directions in this area.

Name _____ Today's Date _____

Date Request to be completed: _____ # of originals _____ # of copies _____

Additional Staff requesting same request:

Name _____ # of copies _____

Name _____ # of copies _____

Name _____ # of copies _____

Name _____ # of copies _____

Check **ALL** items that apply: **Cover Sheet** ____: color paper _____

Color printed copies _____ **# of transparencies** _____

Single sided Copies _____ **Duplex** (back to back) _____ **Holes punched** _____

Paper color: (if other than white) Pink _____ Yellow _____ Green _____ Blue _____ Buff _____
Purple _____ Orange _____

PACKETS single sided **STAPLED** _____ / **NOT STAPLED** _____

PACKETS duplexed **STAPLED** _____ / **NOT STAPLED** _____

REQUEST IS FOR CURRENT SCHOOL YEAR _____ NEXT SCHOOL YEAR _____