

Work Request Form

Today's Date: _____ Requested by: _____
Need by Date: _____ Department: _____
Time: _____ Phone number: _____ (required)

Minimum turn-around time for all jobs is 2 business days.

Billing

Bill to: COD ULS CRDG Project or Grant

All ULS requests require approval from the Principal prior to production.

Name: _____ Signature: _____ Date: _____

Estimated total charge: _____ See attached for detail specifications

Services Requested

- | | | | |
|--|---|--------------------------------------|--|
| <input type="checkbox"/> Photocopying | <input type="checkbox"/> CD/DVD Duplication | <input type="checkbox"/> Lamination | <input type="checkbox"/> Shrink wrapping |
| <input type="checkbox"/> Layout/Design | <input type="checkbox"/> Scanning | <input type="checkbox"/> Photography | <input type="checkbox"/> ID Badge |
| <input type="checkbox"/> Editing | <input type="checkbox"/> Audio Visual | <input type="checkbox"/> Videography | |

Number of copies _____

Photocopying Details

- B/W copies Color copies Reduction/enlargement ____ %
 One sided Two sided—indicate orientation head to head head to toe
 Collated Store job electronically Photos must reproduce well

Paper

Size: Letter (8.5x11) Legal (8.5x14) Tabloid (11x17) Other: _____
Type: Bond Other: _____ Color: _____
Cover: Card stock Color: _____ Vinyl back Transparency sheet on front

Binding

- Corner-stitch Side-stitch (2 staple) Saddle-stitch 3-hole punch
 Plastic coil Comb binding (GBC)

Special handling: unable to use automatic document handler, photo manipulation, copy shift, masking, cut and paste. **An additional cost will be added.**

Other instructions:

MaPS use only Estimate for labor time and charge: _____

Marketing and Publication Services (MaPS)
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University of Hawai'i at Mānoa, College of Education
 **Curriculum Research
& Development Group**
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& services for preschool through grade 12