



# DOCUMENT SERVICES REQUEST

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**INSTRUCTIONS:** In order to process your request, a valid Recharge ID # and an authorized signature is required.

JOB NUMBER <i>(Document Services use ONLY)</i>		DESCRIPTION								
DEPARTMENT NAME			DATE/TIME IN	DOCU SVCS DUE DATE	TIME DUE					
DEPARTMENT ADDRESS			CONTACT	EXT	FAX					
DELIVER TO:		HOLD FOR PICKUP? <input type="checkbox"/>		MAIL CODE	SIGNATURE <i>(Required)</i>		DATE			
FS DEPT. #	REQ. #	RECHARGE ID # or S. D. #	LOC	ACCOUNT	CC	FUND	PROJECT	FIN CLASS SUB   OBJECT	SOURCE	COST

**CREDIT CARD ORDERS: A deposit of 50% is required**

COPIES	COLOR XEROX
<b>PAPER SIZE:</b> <input type="checkbox"/> 8 1/2 x 11 <input type="checkbox"/> 8 1/2 x 14 <input type="checkbox"/> 11 x 17 <input type="checkbox"/> OTHER # OF COPIES FOR EACH ORIGINAL _____ # OF ORIGINAL PAGES (Sides) _____  <input type="checkbox"/> 1 SIDED _____ <input type="checkbox"/> 2 SIDED _____ <input type="checkbox"/> COLLATE? <input type="checkbox"/> RECOLLATE?   # SETS (Original) _____ <input type="checkbox"/> MACHINE STAPLE? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> SADDLE STITCH <span style="margin-left: 100px;"><i># of Staples</i></span>	<b>PAPER SIZE:</b> <input type="checkbox"/> 8 1/2 x 11 <input type="checkbox"/> 8 1/2 x 14 <input type="checkbox"/> 11 x 17 <input type="checkbox"/> OTHER <input type="checkbox"/> Black/White Enhanced # OF COPIES FOR EACH ORIGINAL _____ # OF ORIGINAL PAGES (Sides) _____  <input type="checkbox"/> 1 SIDED _____ <input type="checkbox"/> 2 SIDED _____ <input type="checkbox"/> COLLATE? <input type="checkbox"/> STAPLE?   # SETS (Original) _____

PAPER	BINDING
<b>TEXT:</b> <input type="checkbox"/> 20# WHITE BOND <i>(Standard)</i> <input type="checkbox"/> OTHER   WEIGHT: _____   COLOR: _____ _____ # PAGES   WEIGHT: _____   COLOR: _____  <b>COVERS:</b> FRONT <input type="checkbox"/> ACETATE   WEIGHT: _____ COLOR: _____   OTHER: _____ BACK <input type="checkbox"/> ACETATE <input type="checkbox"/> VINYL COLOR: _____   OTHER: _____ FURNISHED BY CUSTOMER? _____	<input type="checkbox"/> FOLD?   TO SIZE _____ <input type="checkbox"/> COPY IN <input type="checkbox"/> COPY OUT <input type="checkbox"/> CUT?   TO SIZE _____ <input type="checkbox"/> HOLEPUNCH?   # OF HOLES _____ <input type="checkbox"/> STANDARD <input type="checkbox"/> OVERSIZED <input type="checkbox"/> LEFT SIDE <input type="checkbox"/> RIGHT SIDE <input type="checkbox"/> TOP <input type="checkbox"/> HAND STAPLE? <input type="checkbox"/> 3 LEFT <input type="checkbox"/> 2 TOP <input type="checkbox"/> SADDLE <input type="checkbox"/> TAPE BIND? <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> BLUE <input type="checkbox"/> GREY <input type="checkbox"/> BROWN <input type="checkbox"/> COMB <input type="checkbox"/> VELO   COLORS: <input type="checkbox"/> BLACK <input type="checkbox"/> BLUE <input type="checkbox"/> WHITE <input type="checkbox"/> OTHER (Specify) _____

**SPECIAL INSTRUCTIONS (Please attach sample and/or sheet with additional instructions)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RESERVED FOR ART, PROGRAMMING, HANDTIME, ETC.**

Scanned by _____ Date _____	DocuTech Edit Time by _____ Date _____
Scanned on: <input type="checkbox"/> DOC 1 <input type="checkbox"/> Digipath Location _____	For _____
Proof Required by (Date) _____ To _____	Finishing Ctr Time by _____ Date _____
Proof Okayed by _____ Date _____	For _____
Comments _____	Business Ctr Handtime by _____ Date _____
Ran by _____ Date _____	For _____
<input type="checkbox"/> Printed from Stored File (DOD)	Customer Svc Time by _____ Date _____
	For _____