



DOCUMENT SERVICES REQUEST

555 Westwood Plaza, Level B • 136108 • x4MDS1 • Fax • x71544 • Web • <http://www.maildoc.ucla.edu>

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
PAPER SIZE: <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 <i># of Staples</i>	PAPER SIZE: <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
TEXT: <input type="checkbox"/> 20# WHITE BOND <i>(Standard)</i> <input type="checkbox"/> OTHER WEIGHT: _____ COLOR: _____ _____ # PAGES WEIGHT: _____ COLOR: _____ COVERS: 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 _____ Scan Time _____	DocuTech Handtime by _____ Date _____
Scanned on: <input type="checkbox"/> DOC 1 <input type="checkbox"/> DOC 2 <input type="checkbox"/> DOC 3 <input type="checkbox"/> XDOD	For _____
Manipulation by _____ Date _____ Time _____	Finishing Ctr Time by _____ Date _____
Proof Required by (Date) _____ To _____	For _____
Proof Okayed by _____ Date _____	Business Ctr Handtime by _____ Date _____
Comments _____	For _____
Ran by _____ Date _____ <input type="checkbox"/> DOC 1 <input type="checkbox"/> DOC 2 <input type="checkbox"/> DOC 3	Customer Svc Time by _____ Date _____
	For _____