

ROOM NO. _____

**GUAM COMMUNITY COLLEGE
COPYING SERVICES REQUEST**

TELEPHONE NO. _____

Requestor:				Dept/Div:	Date:	Time:
No. of Originals	Total Colored Copies	Total B/W Copies	Amount (\$)	<input type="checkbox"/> Collated Unstapled <input type="checkbox"/> 1 Sided - 1 Sided <input type="checkbox"/> B/W (5 cents)	<input type="checkbox"/> Collated Stapled <input type="checkbox"/> 1 Sided - 2 Sided <input type="checkbox"/> Colored (15 cents)	<input type="checkbox"/> Uncollated <input type="checkbox"/> 2 Sided - 2 Sided
JUSTIFICATION:						
NOTE: REQUESTS FOR COPYING MUST BE APPROVED BY YOUR DEAN OR THE VICE PRESIDENTS. A COPY OF THE APPROVED REQUEST MUST BE FORWARDED TO A/R.						
					FOAP: _____ <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	
_____ Reviewed by: (Print Name of Dean/Asoc. Dean)			_____ Signature:		_____ V.P. of Finance & Administration	
Date Received:	Time Received:	Date Completed:	Copying Service Operator:			Initial

Effective: 11/14/97

INFO: All copy request forms dropped off will be ready for pickup generally within an hour or two unless it is an extensive amount, copying from a book/text, dropped late in the afternoon, or machine malfunctions.

