

Linfield College  
STUDENT/CASH COPY REQUEST  
SUPPLIES REQUEST  
COPY CENTER in COZINE HALL

[503-883-2440/copycenter@linfield.edu](mailto:503-883-2440/copycenter@linfield.edu)  
[503-883-2218/vwymore@linfield.edu](mailto:503-883-2218/vwymore@linfield.edu)

REQUESTOR'S NAME \_\_\_\_\_

DATE \_\_\_\_\_

DATE NEEDED \_\_\_\_\_

PAID BY CHECK/CASH \_\_\_\_\_

PHONE # \_\_\_\_\_

**DESCRIPTION/TITLE OF PROJECT:**

# OF COPIES NEEDED	# PAGES TO BE COPIED	JOB COUNT TOTAL	Collate	F/B	3 HP	Fold: Letter Half "Z"	Staple: Corner Side Saddle	Cut	Comb Bind	Pad
B/W	x	=								
Color	x	=								

**SPECIAL INSTRUCTIONS:**

Customer Provided Paper  
 \_\_\_\_\_ 20# 8.5X11 WHITE                      \_\_\_\_\_ 20# 11X17 WHITE                      \_\_\_\_\_ 20# COLORED PAPER 8.5X11  
 \_\_\_\_\_ 20# 8.5X14 WHITE                      \_\_\_\_\_ 28# 8.5X11 WHITE                      Color Choice \_\_\_\_\_

**OTHER SELECTIONS (MAY HAVE AN EXTRA PAPER CHARGE):**

IF PROJECT REQUIRES COVER SHEETS: PLEASE CIRCLE APPROPRIATE INFO. BELOW

FRONT: F/B    SINGLE    BLANK

BACK: F/B    SINGLE    BLANK

**8.5x11**

Weight \_\_\_\_\_ Type/Name \_\_\_\_\_ Color \_\_\_\_\_

Weight \_\_\_\_\_ Type/Name \_\_\_\_\_ Color \_\_\_\_\_

**8.5x14**

Weight \_\_\_\_\_ Type/Name \_\_\_\_\_ Color \_\_\_\_\_

**11x17**

Weight \_\_\_\_\_ Type/Name \_\_\_\_\_ Color \_\_\_\_\_

NCR:    2 part    3 part    4 part

Project Ending Meter: \_\_\_\_\_

Project Start Meter: \_\_\_\_\_

Total Images: \_\_\_\_\_

**COST CALCULATION:**

Total # of Copies	Copy Center 01-31111 Black/White Copies 0.04 Each COLOR COPIES 1-99 = .38 Ea.    100-249 = .33 Ea. 250-499 = .28 Ea.    500-999 = .23 Ea.	Paper 01-31113 Cost .01 B&W .02 color (per copy)	Inventory 01-31113 Added Paper Cost	Copy Center 01-31111 Comb Bind Cost 0.50 Each	OTHER: 01-31111 Folding Cutting Padding Stapling	Supplies: 01-31113	TOTAL COST
B/W							
COLOR							

# of sets bound \_\_\_\_\_

Date Completed \_\_\_\_\_

Operator \_\_\_\_\_

Waste \_\_\_\_\_