BUILDING

HASD COPY CENTER

DATE SUBMITTED:	DATE NEEDED:	COPY CODE:	
NAME:		ROOM #:	
QUANITY NEEDED:			
ORIENTATION: SINGLE SIDED:	ONE SIDED TO TWO SIDED	TWO SIDED TO TWO SI	
COLLATE: STAPLE: ONI	E: TWO: <u>SP</u>	ECIAL INSTRUCTIONS ON BACK	IF CHECKED:
COVER STOCK: PAPER COLOR:	FRONT F	PRINTED: BACK PRINTED	P: FRONT BLANK: NO BACK:
ADMINISTRATER APPROVAL:			MS 09/08/2016