DATE AND TIME SUBMITTED:			O AM	ОРМ
DATE AND TIME NEEDED:			O AM	O PM
DEPARTMENT NAME:				
INDEX CODE (REQUIRED):				
NUMBER OF ORIGINALS:				
NUMBER OF COPIES NEEDED:				
O COLLATE	0	BLACK & WHITE		
O STAPLE	0	COLOR		
O 3 HOLE PUNCH	0	CONFIDENTIAL		
O SINGLE TO DOUBLE SIDE	0	DOUBLE SIDED		
OTHER:				
PRINT NAME (REQUIRED):				
SIGNATURE:				_
REMINDER: DUPLICATING COPY MUST	ВЕ	DELIVERED 24 HRS. B	EFORE C	COMPLETION IS REQUIRED
REQUEST FOR	DU	IPLICATING SERVICE		
REQUEST FOR DATE AND TIME SUBMITTED:			O AM	O PM
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DATE AND TIME SUBMITTED:  DATE AND TIME NEEDED:  DEPARTMENT NAME:  INDEX CODE (REQUIRED):  NUMBER OF ORIGINALS:  NUMBER OF COPIES NEEDED:  O COLLATE  O STAPLE  O 3 HOLE PUNCH	0 0 0	BLACK & WHITE COLOR CONFIDENTIAL DOUBLE SIDED	O AM	
DATE AND TIME SUBMITTED:  DATE AND TIME NEEDED:  DEPARTMENT NAME:  INDEX CODE (REQUIRED):  NUMBER OF ORIGINALS:  NUMBER OF COPIES NEEDED:  O COLLATE  O STAPLE  O 3 HOLE PUNCH  O SINGLE TO DOUBLE SIDE	0 0 0	BLACK & WHITE COLOR CONFIDENTIAL DOUBLE SIDED	O AM	

REQUEST FOR DUPLICATING SERVICE

REMINDER: DUPLICATING COPY MUST BE DELIVERED 24 HRS. BEFORE COMPLETION IS REQUIRED