

Mt. Zion Baptist Church Request for Copies

Today's Date: _____ **Date Needed:** _____

Name: _____ **Phone:** _____

Ministry: _____ **Title:** _____

Event: _____

This request is for: Copying Printing

Distribution: Bulletin Inserts Community Other _____

Number of originals: _____ **Number of copies:** _____

<input type="checkbox"/> 8.5 x 5.5 (half page) <input type="checkbox"/> 8.5 x 11 (letter) <input type="checkbox"/> 8.5 x 14 (legal) <input type="checkbox"/> 11 x 17 (ledger) <input type="checkbox"/> Other _____	<input type="checkbox"/> Single-sided <input type="checkbox"/> Double-sided <input type="checkbox"/> Blk/Wht copies <input type="checkbox"/> Color copies <input type="checkbox"/> Color paper _____	<input type="checkbox"/> Flyer <input type="checkbox"/> Program <input type="checkbox"/> Booklet <input type="checkbox"/> Brochure <input type="checkbox"/> Other	<input type="checkbox"/> Cut <input type="checkbox"/> Collate <input type="checkbox"/> Staple <input type="checkbox"/> Fold <input type="checkbox"/> Hole Punch
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If color copies or color paper are requested, what is the purpose? _____

Special notes and/or instructions: _____

OFFICE USE ONLY

Date Received: _____ Date notified for pick up _____

Approved by: _____ Date: _____