




Duplication Request Form

for Cabrillo College

Today's Date: _____		Due Date: _____	Time: _____
Your Name: _____		Total # of pages submitted: <i>(Note: A 2-sided original counts as 2 pages)</i>	
Department/Division: _____		Total Finished Quantity * requested: _____	
Course Number <i>(Example BUS 101):</i> _____		Deliver completed work to: <input type="checkbox"/> Watsonville Center <input type="checkbox"/> Duplications – Rm 2551 <input type="checkbox"/> Bookstore	
Course Section Number <i>(Example #1234):</i> _____			

Title of Submission: _____	Datatel Acnt #: <i>(example 12-0-1100-1234-545100-000)</i> _____
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Paper Stock:	Collating Instructions:	Finishing Instructions:
Color: _____ Weight: _____ # Cover Color: _____ Cover Weight: _____ # <input type="checkbox"/> Letterhead <input type="checkbox"/> Carbonless: _____-part	<input type="checkbox"/> Duplex (back to back) <input type="checkbox"/> Collate: <input type="checkbox"/> Staple – if selected, indicate placement below: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"><input type="checkbox"/> </div> <div style="text-align: center;"><input type="checkbox"/> </div> <div style="text-align: center;"><input type="checkbox"/> </div> </div>	<input type="checkbox"/> 3 hole punch <input type="checkbox"/> Fold: (kind) _____ <input type="checkbox"/> Rubber band <input type="checkbox"/> Pad <input type="checkbox"/> Tape binding <input type="checkbox"/> *Cut Quantity: Total finished pieces _____

Comments: _____ _____	Office Use Only Done _____ Rec #: _____
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