KAPI'OLANI COMMUNITY COLLEGE
IMTS REPRODUCTION REQUEST FORM

Name_____ Date Submitted_____ Date Needed By _____

Requestor's Dept._____ Phone _____

Dept. Chair/Authorizing Signature:_____

Acct. # to be charged _____

☐ Graphics/Design/Layout ☐ Digital Printing ☐ Finishing Only ☐ Other Reproduction

***GRAPHICS/DESIGN/LAYOUT**

☐ New Job Request ☐ Corrections/Updates to Existing Job Request

**Consultation recommended. Please Contact Helen Hamada: 734-9848*

DIGITAL PRINTING

☐ New Job Request ☐ Black&White ☐ Color ☐ B&W and Color

☐ Reprint w/o Changes ☐ Reprint w/Changes* # of Copies: _____

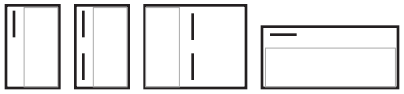
**For Reprints w/Changes, Please indicate where corrections/update are to be applied within existing job*

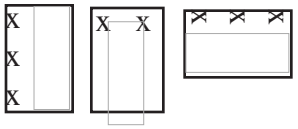
☐ One Sided ☐ Two Sided ☐ One Sided and Two Sided Paper Color: _____

☐ Cover Sheet(s) ☐ Front Only ☐ Back Only ☐ Front and Back Cover Color:_____

☐ Bond/Paper ☐ Heavy/Cardstock ☐ 8.5x11/Letter ☐ 8.5x14/Legal ☐ 11x17/Tabloid/Ledger

FINISHING

☐ Folding ☐ Lamination ☐ Padding ☐ Stapling: 

☐ Cutting ☐ Spiral Binding ☐ Velo Binding ☐ Hole Punching: 

☐ Perforation ☐ Numbering ☐ Scoring

OTHER REPRODUCTION

☐ CD ☐ DVD # of Copies: _____ ☐ Printed Labels

Acknowledgement that content on CD/DVD is NOT copyrighted. Signature _____

OTHER INSTRUCTIONS

FOR OFFICE USE ONLY

Date Job Completed _____

Job Name _____

Job Tracking Number _____

rev.6/05