

**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 _____
rev.6/05

Job Name _____

Job Tracking Number _____