

P.T.A. REQUEST FORM

CENTRAL DUPLICATION

PTA

PROCEDURES:

1. Observe copyright laws.
2. Send only when 100 or more copies are needed.
3. Send only ONE sided black and white xerox masters of good quality.
4. Check originals for correct grammar, and spelling.
5. Include cover (if applicable) and number all pages.
6. All material will be printed 2 SIDED UNLESS INDICATED
7. Allow enough time for delivery and duplicating; TWO WEEKS time is required.
8. Make arrangements in advance for special or large volume requests; more time will be required.

Date Submitted: _____ Date Required: _____

Number of Pages: _____ Number of Copies: _____

Size of paper desired: 8 1/2 X 11 : _____ 8 1/2 X 14 : _____

Color(s): White: _____ Buff: _____ Blue: _____ Salmon: _____
Pink: _____ Green: _____ Canary: _____

Collate: Yes: _____ No: _____

Staple: Yes: _____ No: _____

Further Instructions:

School: _____ Subject/Department: _____

Requested by: _____ Approved by: _____

Telephone extension: _____

DUPLICATION DEPARTMENT USE ONLY

Date Received: _____ Operator: _____

Date Run: _____

Comments:

Revised

DTA 1700 G. S. P. P. B. B.