



DUPLICATING REQUEST

Drop off hard copy in our office - interoffice mailbox or email to duplicating@holyfamily.edu

Pickup in Duplicating or we can drop off in your mailbox or inter-office mailbox

(Let us know which)

CAMPUS: NEP _____ Newtown _____ Bensalem _____

NAME: _____ **DEPT.** _____ **EXTENSION** _____

ACCOUNT # TO BILL _____

DATE SUBMITTED _____ **DATE NEEDED** _____

PLEASE CHECK THE FOLLOWING

of copies _____ White paper _____ One Sided _____ Two sided _____

Collate _____ White - 3-hole Paper _____

Collate & Staple ____ Color paper _____ (Indicate which color)

Cut & Bind _____ Card Stock _____ (Indicate which color)

PICKUP _____ **MAILBOX** _____ **INTER-OFFICE MAIL** _____

PLEASE ALLOW AT LEAST THREE (3) WORK DAYS FOR COMPLETION