

OFFICE USE ONLY

FILL OUT THIS FORM ONLY IF YOU REQUIRE COPYING



INSTRUCTIONS ON BACK OF FORM  
**COPYING REQUEST**

UNIVERSITY OF ARKANSAS  
PMC SOLUTIONS - COPY

Date: \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

ORDERED BY \_\_\_\_\_ PHONE \_\_\_\_\_

ROOM # \_\_\_\_\_ BUILDING \_\_\_\_\_

OFFICE USE ONLY

PURCHASE ORDER # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

JOB DESCRIPTION \_\_\_\_\_

NO. PAGES \_\_\_\_\_ NO. COPIES \_\_\_\_\_ 1/side  2/side

STOCK \_\_\_\_\_

COVER STOCK \_\_\_\_\_

COLLATE  *ALL PMC SOLUTIONS - COPY Collating Requires Page Numbering.*

BINDING \_\_\_\_\_ STAPLING  CORNER  SIDE

CUSTOMER PICK UP  DELIVER  DATE WANTED \_\_\_\_\_

**Allow five days for delivery**

SPECIAL INSTRUCTIONS

This is a purchase authorization for the above described work to be charged to the account number written above.

Do not forget to sign the request and note copyright restriction printed on back of form.

\_\_\_\_\_  
**Purchasing Authorization Signature**

**DELIVERY  
RECEIPT**

Date

Signature

**SUBMIT**

**PRINT**

**RESET**