HealthAlliance Print Shop Copy Request

Print Shop Copy RequestUser must initially place their cursor in yellow box next to "Date of Request", which will allow the user to type/edit. Then tab to the next field that requires information.

To check a box, double click on the box you wish to select and click on the box in the symbol screen and click "insert", then close.

Date of Request: Date Needed:	Charge Code:
Department Name:	Campus: Clinton
Deliver To:	Campus: Clinton
Description of Material / Form #:	
Number of Originals:	Copies of Each:
Type of Paper:	Copies to be:
8.5 × 11	□ Black Color Copies
White Paper	2 Sided
□ Colored Paper Color:	□ Collated
□ White Card Stock □ Color	☐ Stapled
Heavy Gloss Brochure	□ Drilled □ 2 hole □ 3 hole
Carbonless NCR □ 2 part □ 3 part □ 4 pa	art 🗇 Padded/Glued
\square Pre-Laminate \square 8.5 x 11 \square 11 x 17	Laminate 8.5×11 \square 11×17
Business Card 🔳 Gloss Business Card	Fold Bi-fold Tri-fold
Other Instructions:	☐ Book ☐ 8.5 × 11 ☐ 4.25 × 8.5
Requested by	Tel # Fax #

Forward Completed Form to Print Shop by

Email: Printshop@healthalliance.com or Fax: 978-466-2483

(Revised 6-19-2014)