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INSTRUCTIONS ON BACK OF FORM

COPYING REQUEST

Date: _____

UNIVERSITY OF ARKANSAS
COPYING SERVICES

DEPARTMENT _____

ORDERED BY _____ PHONE _____

ROOM # _____ BUILDING _____

OFFICE USE ONLY

PURCHASE ORDER # _____ ACCOUNT # _____ - _____ - _____

JOB DESCRIPTION _____

NO. PAGES _____ NO. COPIES _____ 1/side 2/side

STOCK _____

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COLLATE **ALL Copy Center 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.

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Purchasing Authorization Signature

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RECEIPT**

Date

Signature