



Copy Center Requisition Form

Moreno Valley College Warehouse
16130 Lasselle Street, Moreno Valley, CA 92551
(951) 571-6145
copyrequests@mvc.edu

Date Received: _____

Your Information

If we feel turnaround time is not feasible, we will contact you for a discretionary solution.

Name: _____ Phone/Extension: _____

Department: _____ Email: _____

Required Date: _____ Time: _____ Budget Code: _____

Copy Options

Please allow at least 3 working days to complete your request.

Exact # of originals:

Copy Format Options:

_____ One Sided

_____ Two Sided

_____ Collate

_____ Stapled

_____ 3-Hole Punch

Paper Weight:

_____ Regular _____ Cardstock

Paper Color:

_____ Blue _____ Salmon

_____ Green _____ Yellow

_____ Pink _____ White

of Copies Requested:

Special Options

Note any special requests or modifications not captured by the options above.

Technician Use Only

Copy Operator: _____ Date Completed: _____ Sheets Used: _____

Charges: _____ Paper Type: color white cardstock

Notes:
