

The Graduate School and University Center of the City University of New York

<input type="checkbox"/> Graphic Arts		Title of Material		Date Submitted	Date Required
<input type="checkbox"/> Xerox				Location	Telephone
Bill to: Department					
Bill to: Grant Name		Grant #		Principal Investigator	
Address					
Telephone					
No. Originals		No. copies of each original		PMS MIX - Specify	
Punch: No. Holes		Fold		Black Ink	
Collate		Staple		Will Pick Up	
Pad				Deliver: <input type="checkbox"/> Mailing Center <input type="checkbox"/> Department	

Authorized Signature

Graphic Arts - Special Instructions

Mailing Center: Special Instructions

Faculty (Home) Faculty (College) Alumni Students Other ...

For Business office use only: Amount to be charged