

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

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

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