



Friendship Missionary Baptist Church
 3400 Beatties Ford Road, Charlotte, NC 28216
 Phone: 704-392-0392; Fax: 704-391-5800
 Dr. Clifford A. Jones, Sr., Senior Minister

COPY REQUEST FORM

Requisition Date: _____ Date Needed _____
Allow three to five (3-5) working days

Note: Three (3) days advance notice is required for projects to be copied on white copy paper and five (5) days advance notice for projects requiring special paper (i.e. colored paper, specific paper weight, etc.)

DeiVision: _____

Organization: _____

COPY CODE:

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Requisitioner: _____ Phone Number: _____ Senior Minister's Approval (as needed): _____

PROJECT DETAILS

COPY DETAILS	COPY/PRINT COLOR	FINISHING OPTIONS (Select all that apply)	SINGLE or DOUBLE SIDED
Number of Originals _____	<input type="checkbox"/> FULL-COLOR (Color Print Charge Applies)	<input type="checkbox"/> COLLATE	<input type="checkbox"/> SINGLE
Number of Copies each _____	<input type="checkbox"/> BLACK & WHITE	<input type="checkbox"/> STAPLE	<input type="checkbox"/> DOUBLE SIDED
TOTAL No. of Copies <input style="width: 80px; height: 25px;" type="text"/>		<input type="checkbox"/> 3 HOLE PUNCHED	
PAPER SELECTION <input type="checkbox"/> White Paper <input type="checkbox"/> Color Paper* _____ Please Specify			

*COLOR/SPECIALTY PAPER TO BE SUPPLIED BY THE REQUESTING ORGANIZATION.
 Contact Purchasing Agent (ext 6642) to order.

SPECIAL INSTRUCTIONS (IF ANY)

STAFF USE ONLY

Confirmed Copy Date & Time: _____ Project Completion (Initial): _____