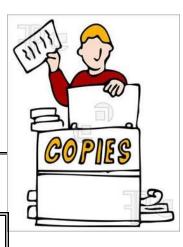


Date form submitted_





PRINTING REQUEST FORM

Printing job will be completed (3) business days from the date form is submitted.

Please give us a description of your request.			
# of orginals		# of copies	_
One- sided		☐ Two-sided	
□ 8.5 x 11	□ 8.5 x 14	□ 11 x 17	
Paper Color:	☐ White	☐ Other	
Collate:	le 🗆 1 Staple	☐ 2 Staples	
Other:			
PRINTED NAME AND SIGNATURE OF REQUESTER HOME PHONE			
PRINTED NAME AND SIGNATURE OF REQUESTER			HONE
PRINTED NAME AND SIGNATURE OF MINISTRY DIRECTOR			HONE
SIGNATURE OF STAFF MEMBER PROCESSING REQUEST			