REQUEST FOR OUTSIDE Copying & DuplIcatInG SerViceS

Date: ________________  Department: __________________________

Contact Person: __________________  Telephone: __________________

P.R. No.: ________  Account No.: _______________  Amount: $__________

The department has requested copying and duplicating services from other than the University’s Copying and Duplicating Center. The following information is submitted:

☐ Job can be performed by the Center  ☐ Job cannot be performed by the Center, if not why? (Use space in Job Description below)

☐ Job needed by: ________________  ☐ Job cannot be completed in time to meet delivery date

☐ Date of Event: ________________

☐ Adequate resources not available

☐ Special paper colors required and not available to perform job

☐ Other: ________________________

Job Description: Provide brief summary of job and reason(s) other than those checked above for wanting to use another source(s).

______________________________________________________________________________
______________________________________________________________________________

Signature: __________________________  Date: __________

Coordinator, Copying & Duplicating Center

---------- FOR USE BY PURCHASING AND BUSINESS SERVICES ONLY ----------

☐ Approved to obtain services from Doc-U-Tech Center on campus. (Note: A completed copy of this form must be attached to the purchase requisition or transfer voucher before charges for services can be approved and/or credited.)

☐ Approved to obtain services off-campus providing such service is competitively bidded by Purchasing.

☐ Disapproved in that job can be performed by the Copying and Duplicating Center.

Note: A personal expense may be incurred if purchasing policies and procedures are not followed, when obtaining off-campus copying and duplicating services or when obtaining services from any source before checking with the Copying and Duplicating Center, without prior written approval.

Approved By:  Title:  Date: