GLENDALE COMMUNITY COLLEGE DISTRICT
REQUEST FOR DUPLICATING SERVICES

Name: ___________________________________________ Div/Dept _______________________
Email: ___________________________________________ Phone/Ext. _______________________
Course: ___________________________________________ Room ___________________________
Number of Masters: _____ # of Copies ______ Color ______________________________

DISTRICT ACCOUNT NUMBER

<table>
<thead>
<tr>
<th>Fund (2)</th>
<th>Program (4)</th>
<th>Sub-Prog.(1)</th>
<th>TOPS (6)</th>
<th>Object (4)</th>
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Authorizing Signature
Print Name

Yes No Yes No
Print both sides ___ ___ Bind ___ ___ Date Left ________________
3-hole punch ___ ___ Staple ___ ___ Date Needed ________________
Collate ___ ___ Cut ___ ___ Time Needed ________________

Special Instructions: __________________________________________
________________________________________________________________

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__________________________________________  _______________________
Requester's Signature                          Date

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