SUPPLIES/COPY REQUEST FORM

Tutor Requesting: ___________________________  Class/Student Requested For:_______________________

Date of Request: __________ Date Materials Needed: __________  Tutor Phone #: ________________________

Date Filled__________  Date Contacted ________________  Date Picked Up ________________

Staff: Please Initial Under Each

☒ Copies   Pages: __________ NUMBER OF COPIES: __________

☒ Double-Sided  ☒ Single Sided  ☒ Color  ☒ Stapled  ☒ Collated

☒ Three Ring Hole Punched  ☒ Colored Paper: __________

   (which color)

Special Instructions: ________________________________________________________________

   ________________________________________________________________

Please attach this form to the material to be copied and drop in either Literacy Office or in Copy Request Box. Please allow a reasonable amount of time for production. You will be notified when the copies are ready. They may be picked up either from your mailbox or the Literacy Office.

☒ Supplies   Quantity: __________

Items Requested: ________________________________________________________________

   ________________________________________________________________

Office Supply request may require time for delivery.
If a copy or supply request cannot be filled you will be notified. Staff, please make any necessary notes on the back of this form

V.2 11.6.15

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