Please send all print requests to:
Print_shop_office@McKendree.edu



Do not write in this box		
Date Completed:		
Labor Time:		
Initials:		

Copy Instructions

Name		irillidis.
Dept Account # # of Pages	Printing Specifications Black Print Color Print	Date Submitted Date Needed
# of Copies	<u>Assembly</u>	Time Needed
Paper Specifications	Sort Staple	<u>Delivery</u>
8 ½ x 11 White	Fold Bind	Hold for Pick-Up
Other (Specify)	Cut 3 Hole Punch	Test-Security Required
Comments or Special Instruction	s:	

All work of more than 1 page will be printed back to back unless otherwise justified