



Ph: 732-840-8680
 Email: occtransfer@gangigraphics.com
 1669 Highway 88 West Brick, NJ
 08724

OCEAN COUNTY COLLEGE • REQUEST FOR COPIES

Name		Phone No.	Department/Billing Account No.
THERE IS A 48 HOUR TURNAROUND TIME DURING NORMAL BUSINESS HOURS (Monday -Friday 8AM TO 5PM)			
Date/Time Submitted	Needed By	Delivery/Distribution Instructions	
Document Name		Notice: The copyright law of the United States (Title 17 U.S. Code) governs the making of photocopies or other material.	
Originals # of Pages	x # of Copies Requested	*** Color copy work, GBC spiral binding, Campus Wide Distributions, Copy work for Committees, Senate, and Non Specific Departmental copies all require the approval of the Area Vice President. All mailings of 200 pieces or more require the College Relations Mail Approval form. Work will be returned without signature.	
	x		
=			
Total Number of Copies Needed			
Example: 5 pages in original document x 10 copies needed = 50 total copies needed			
SPECIFICATIONS (Note: all copy work prints 2-sided by default)		Approved by:	
<input type="checkbox"/> Collate	<input type="checkbox"/> Cover (Front)	<input type="checkbox"/> ROUTE TO OFFICE SERVICES FOR: <input type="checkbox"/> Fold _____ <input type="checkbox"/> Insert <input type="checkbox"/> Distribute*** _____ <input type="checkbox"/> Other	
<input type="checkbox"/> Print Single- sided	<input type="checkbox"/> Cover (Back)		
<input type="checkbox"/> Staple	<input type="checkbox"/> Color Copy***		
<input type="checkbox"/> Staple (Double)	<input type="checkbox"/> GBC		
<input type="checkbox"/> 3-Hole Drill	<input type="checkbox"/> Letterhead		
<input type="checkbox"/> Color Paper	_____		
Additional Instructions			