



Ricoh Contact: 305-348-7426
UMProductionPrint@ricoh-usa.com

JOB REQUEST FORM

☐ LOCATION: _____

Requested By: _____ Department: _____

Building: _____ Room#: _____ Phone Number: _____ Email: _____

Customer Name: _____ Phone: _____ Dept: _____

Payment Approver Name: _____ Job #: _____ Account #: _____ PO #: _____

Credit Card: ☐ American Express ☐ Visa ☐ Master Card Name as it appears on Card: _____

Credit Card Number: _____ Expiration: _____ CVV: _____

Amount Approved to be Charged: _____ Card Holder Signature: _____

This form will bind you to the responsibility of payment to the orders you are placing to your account

Job Name: _____ Job Request _____

of originals: _____ # of sets: _____ Confidential _____

Date/time received _____ Date/time due _____ Exam _____

Copying/Printing/Finishing/Scanning

☐ 8.5" x 11" ☐ 8.5" x 14" ☐ 11" x 17" ☐ Special Request: _____

- | | | | |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> As Original | <input type="checkbox"/> Card Stock (65,80,100 lb) | <input type="checkbox"/> Staple UL | <input type="checkbox"/> Staple DBL L |
| <input type="checkbox"/> One-Sided | <input type="checkbox"/> Glossy Paper | <input type="checkbox"/> Booklet | <input type="checkbox"/> Comb Bind |
| <input type="checkbox"/> Two-Sided | <input type="checkbox"/> NCR (2,3,4,5) | <input type="checkbox"/> No Staple | <input type="checkbox"/> Paper Clip |
| <input type="checkbox"/> Color Copies | <input type="checkbox"/> Acetate Cover | <input type="checkbox"/> 3 Hole Punch | <input type="checkbox"/> Binder Clip |
| <input type="checkbox"/> Collated | <input type="checkbox"/> Blue Linen/Black Vinyl | <input type="checkbox"/> 2 Hole Punch | <input type="checkbox"/> Laminate |
| <input type="checkbox"/> Copy Tagged Only | <input type="checkbox"/> Transparencies | <input type="checkbox"/> Spiral/GBC Bind | |
| <input type="checkbox"/> Color Slip Sheet | <input type="checkbox"/> Resume Paper | <input type="checkbox"/> Tape Bind | <input type="checkbox"/> Scanning |
| <input type="checkbox"/> Color Paper: Color Request _____ | | <input type="checkbox"/> Scantrons:(Circle Color) Blue or Green | |

Job Received / Picked up by: _____ Please Print Name: _____ Date: _____

Special Instructions: _____

Waste

QC
By: _____

Ricoh Staff

Quantity	Description	Unit Price	Total
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Sub-Total _____		Tax _____	Total _____