

COPY / PRINT / MEDIA REQUISITION FORM

FIRM	_____	CONTACT	_____
PHONE	_____	EMAIL	_____
ADDRESS	_____		
MATTER NO.	_____		
MATTER NAME	_____		
SOLICITOR REF	_____		

TODAY'S DATE
OFFICE USE ONLY
JOB LOG
REF NO.

JOB REQUIRED BY	DATE		TIME			COPY X	
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CLIENT DOCUMENTS SUPPLIED

ARCHIVE BOXES	LEVER ARCH FOLDERS	BOUND DOCUMENTS	MANILA FOLDERS	BUNDLES	DOCUMENTS	PLANS	PAGES	CD / DVD's	OTHER

COPY INSTRUCTIONS

☐ SPECIAL INSTRUCTIONS ☐ COPY AS ORIGINAL

DOCUMENT	☐ ALL DOCUMENTS	☐ TAGGED DOCUMENTS	☐ TAGGED PAGES
PAPER SIZE	☐ AS ORIGINAL	☐ A4	☐ A5
PAPER COLOUR	☐ AS ORIGINAL	☐ WHITE	OTHER _____
IMAGING	☐ AS ORIGINAL	☐ SINGLE SIDED	☐ DOUBLE SIDED
COLOUR	☐ BLACK & WHITE	☐ PHOTOGRAPHS	
COLOUR	☐ LOGOS AND SIGNATURE	☐ HIGHLIGHTS	
PLANS	☐ AS ORIGINAL	REDUCE TO _____	ROLL OR FOLD TO _____

FINISHING INSTRUCTIONS

STAPLES	☐ AS ORIGINAL	☐ YES	☐ NO
CLIP	☐ AS ORIGINAL	☐ YES	☐ NO
DIVIDERS / TABS	☐ AS ORIGINAL	☐ ALPHABETICAL	☐ NUMERICAL
HOLE PUNCH	☐ AS ORIGINAL	☐ YES	☐ NO
BINDING	☐ AS ORIGINAL	☐ FAST BACK	☐ COMB
		☐ VELO	☐ WIRE
FOLDER	☐ AS ORIGINAL	☐ LEVER ARCH	☐ RING BINDER
		☐ MANILA	OTHER _____

PAGINATION INSTRUCTIONS

STARTING PAGE NO. _____

START AFTER (INDEX OR TAB NO.) _____

☐ TOP RIGHT CORNER ☐ PAGINATION ORIGINAL & COPY

☐ BOTTOM RIGHT CORNER ☐ PAGINATION COPY ONLY

DUPLICATION VHS / CD / DVD

ORIGINAL ☐ VHS ☐ CD ☐ DVD

COPY ☐ VHS ☐ CD ☐ DVD

SPECIAL INSTRUCTIONS PLEASE TURN OVER: YES / NO

Please specify additional pagination information in special instructions. For example. "Continuous pagination from first to last folder".

RECEIVED BY: _____ DATE _____ TIME _____

SPECIAL INSTRUCTIONS

Lined area for special instructions.

RECEIVED BY: _____ DATE _____ TIME _____