



# SUNY DOWNSTATE Medical Center

**QCC Job Form**  
**Downstate Depot Quick Copy Center**  
**Ext# 1117 Fax# 3724**  
 Website: [www.downstate.edu/QCC](http://www.downstate.edu/QCC)  
 Email: [QuickCopyCenter@downstate.edu](mailto:QuickCopyCenter@downstate.edu)

Note: Copy Jobs that cannot be fulfilled by the QCC will be sent to an External Vendor at their prevailing rate.  
 All Prices (in-plant and vendors) are subject to change based on material costs etc.

**Job Description/ Name:** \_\_\_\_\_ Requisition Number \_\_\_\_\_  
**Today's Date:** \_\_\_\_\_ **Department:** \_\_\_\_\_ **Box #** \_\_\_\_\_  
**Submitted By:** \_\_\_\_\_ **Approved By:** \_\_\_\_\_  
(Type or Print Name) (Authorized Signature required)  
**Phone #** \_\_\_\_\_ **\*Required Completion Date:** \_\_\_\_\_

\* "Required Completion Date" will be considered "Requested" or "Preferred" date unless specified as Mandatory at time of submission.

Funding Source	<b>DMC Departments (State and IFR Account Holders) State Account # _____</b>		<b>Object <sup>In-House</sup> 9500 or <sup>Vendor</sup> 5607</b>
	<b>Research Foundation Accounts (Please Attach This Form to your Research Requisition When Submitting Your Copy Job)</b>		
	<b>Project # _____</b>	<b>Task # _____</b>	<b>Award # _____</b>
	<b>Other DMC Affiliated Entities (FSA, UPB and Other DMC Corporate Affiliates)</b>		
	<b>Affiliate Entity _____</b>	<b>Account # _____</b>	
	<small>(Name of Company or Organization)</small>	<small>(If Applicable)</small>	
<b>Note: All Student and Personal Jobs Must be Paid For in Advance at the Bursars Office</b>			

**Job Type & Volume** (Check all that apply) Note: Unless Specified Otherwise, Multiple Page Copies Will be Processed as Double Sided

<input type="checkbox"/> Black & White	<input type="checkbox"/> Single Sided	<input type="checkbox"/> Double Sided	<b>Paper Size:</b>	<input type="checkbox"/> Letter	<input type="checkbox"/> Legal	<input type="checkbox"/> Tabloid
<input type="checkbox"/> White Paper	<input type="checkbox"/> Pink Paper	<input type="checkbox"/> Blue Paper	<input type="checkbox"/> Yellow Paper	<input type="checkbox"/> Green Paper	<b>Quantity</b> _____	

**Color Copies** (Check all that apply) Note: Color Copies are processed by External Vendors

<input type="checkbox"/> Single Sided	<input type="checkbox"/> Double Sided	<input type="checkbox"/> Special Paper	<b>Quantity</b> _____
<small>(Photo Paper, Certificate, Cover Stock, etc.)</small>			

**Finishing Options**

<b>Fold</b> _____	<b>Staple</b> _____	<b>Hole Punching</b> _____
<small>(Select Type)</small>	<small>(# Of Staples)</small>	<small>(Select Type)</small>
<input type="checkbox"/> Booklet	<b>Cut</b> _____	<b>Lamination</b> _____
	<small>(Contact the QCC)</small>	<small>(Select Size)</small>
		<b>Quantity</b> _____

**DMC Letter Head, Business Cards & Envelopes (Processed Through "Duplionline.com")**  
 DMC Departments Charging to State & IFR Accounts Can Process Directly: Contact [Catina Smith](#) at Ext: 3899 for Access.  
 DMC Affiliates (For all Non-State Affiliated Entities) complete this form and contact the QCC at Ext: 1117 for Access.  
 The QCC will invoice you for the cost of the job.

**Special Instructions/Comments**  
**Instructions for Completed Order:** Will Pick Up \_\_\_\_\_ Delivered to: - Building \_\_\_\_\_ - Room # \_\_\_\_\_

Please Do Not Write Below (For Copy Center Use Only)	
Job Processed By _____ On _____ <small>Name Of Copy Center Employee</small>	Job # _____ Qty/Desc _____ External Vendor Vendor Code _____ Damaged Master _____
Setup \$ _____ Total Copy Charge \$ _____ Lamination \$ _____ Other (Specify) _____ \$ _____	
Total Finishing Charge \$ _____	
----- (Research Foundation & Other Affiliates)	
Invoice # _____ Invoice Date _____	
Job Accepted _____ Job Completed _____ Job P/U _____ Job Delivered _____	
TOTAL CHARGES \$ _____	