

Photocopy Request Form

No:

Date:

Ph. No:

User Name	:	<input style="width: 95%;" type="text"/>
Dept/Project No.	:	<input style="width: 95%;" type="text"/>
No. of Originals	:	<input style="width: 95%;" type="text"/>
No. of Copies	:	<input style="width: 95%;" type="text"/>
Total Impression	:	<input style="width: 95%;" type="text"/>
Total in Words	:	<input style="width: 95%;" type="text"/>

For XBS Use Only	
Close	<input style="width: 80%;" type="text"/>
Open	<input style="width: 80%;" type="text"/>
Diff.	<input style="width: 80%;" type="text"/>
Waste	<input style="width: 80%;" type="text"/>
Bill	<input style="width: 80%;" type="text"/>

A4	A3	F/S	B4	<input style="width: 90%;" type="text"/>	NAL	Back to Back
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Special Instruction (if any): _____

User Signature

Dept. Head/Project Leader

Head ICAST

Received copies as per request: _____