PRESLUGGING Request Form

CONTACT INFORMATION

Contact person: _____ Phone: _____

Department: _____ Date: ___/___/___ Time: _____

REQUEST DETAILS

Total # of reams: _____

# of Reams	Color of Reams	Version/Code #

EXAMPLE

Color of Reams	*Version/Code #*
Blue	*1*
Green	*2*
Red	*3*
Orange	*4*

Request Submitted by:	
Signature Required:	*Print Name:*

Computer Operators	
Date Completed:	Initials: