



**HCC Duplication Services**  
**Dale Mabry Campus**  
 Requisition

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Material Requested by: _____	Date Requested: _____
Department: _____	Date Needed: _____
Cost Center Number: _____	Date Completed: _____
Completed by: _____	

Number of Originals	Job Description	Quantity per Original	Check Box Needed
			Collated: <input type="checkbox"/>
			Uncollated: <input type="checkbox"/>
			Reduced: <input type="checkbox"/>
			Stapled: <input type="checkbox"/>
			Two-Sided: <input type="checkbox"/>
			Total Copies _____

**Note: Request for Reciprographic Services must be submitted at least TWO working days prior to date materials are needed.**

Completed work received by: \_\_\_\_\_ Date: \_\_\_\_\_  
 RETURN FORM TO DUPLICATING

You can also email your duplication requests to [dalemabryduplicating@hccfl.edu](mailto:dalemabryduplicating@hccfl.edu).

Electronic duplication requests must be submitted in either Word or PDF format.

Please be sure to include the following information:

- Date/Time you require the materials
- Course Name
- No. of originals
- No. of copies needed
- Stapled (if needed)
- 2 sided (if needed)
- Un-collated (if needed)