

# Spirit Filled Family Church

## Duplication Request Form

\_\_\_\_\_  
Name of individual making request

\_\_\_\_\_  
Name of Ministry / Department

\_\_\_\_\_  
Date request submitted

\_\_\_\_\_  
Contact Phone #

	Document Title	Description of Copies (i.e. Book, pages 39 -42)	No. of Copies	Copy Type		Date Needed
				Color	Blk/Wht	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
15						

### Conditions:

1. Spirit Filled Family Church Administration, in order to keep a record of inventory, will fill all requests for duplication.
2. All duplications must be cleared through administration with this form for processing.
3. **All duplications are double sided copies unless otherwise specified below.**
4. **Color copies are limited by budget and at the discretion of the administration staff.**
5. Please double check to make sure all boxes are completely and accurately filled in to minimize unnecessary duplications.
6. There will be a charge for personal use duplications:
  - \$0.05 for black & white copies
  - \$0.10 color copies
7. Submission of this form verifies that information requested is accurate and you agree to abide by all the terms, conditions, and provisions of this agreement set forth in the conditions.

Double Sided Duplication		No	
Personal Duplication	Yes	No	Amount Paid: \$

Completion Date: \_\_\_\_\_ Completed By: \_\_\_\_\_

### Instructions & Additional Information

- 1) This form must be filled out completely & clearly in order to be processed.
- 2) For "Name of individual making request" field write the name of the person making the request – Do not use another person's name for any reason
- 3) For "Name of Ministry/Department" input the name of the ministry requesting the duplications. For personal requests write in the word "Personal".
- 4) For "Date Request Submitted" field write in today's date
- 5) For "Contact phone #" field write in the contact # of person submitting the request (in case there are any questions concerning this request)
- 6) For "Document Title" field fill in the documents title (unclear titles will delay the print request process)
- 7) For "Description of Copies Field" write in page numbers or other description
- 8) For "# of copies Field" write in the # of copies needed
- 9) For "Color Type" select color or black and white  
Black & White copies – 5,000 free per year per department (5¢)  
Color copies – Limited to 200 free per year per department (10¢)
- 10) For "Date Needed" write in the date the copies are needed by
- 11) Drop this form off during business hours or in the ministry of Administrations mailbox  
Office hours are Monday thru Thursday 10:00 AM thru 3:00 PM
- 12) Allow **THREE (3)** business days for job to be completed
- 13) Check your department mailbox for filled requests.

#### NOTES:

- 1) One (1) page printed on both sides counts as two (2) copies
- 2) Business days are considered Monday thru Thursday
- 3) Jobs turned in on Wednesday or Thursday will not be filled until the following week
- 4) There is no such thing as a "Rush Order." Please respect the volunteer staff by submitting your request in a timely fashion.
- 5) It is your responsibility to check for completed jobs
- 6) Unusually large jobs may be held in the Ministry of Administrations office. You will be notified if this occurs. These jobs may be picked up after hours if the appropriate Ministry of administrations staff is available to assist you.