\square I have read and understand. (Box must be checked)

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| | | Rooms | | 3212-1255 uwm.edu/print-copy/ Delivery Date Required Requested | | | | | | | |
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| N | Most Recent Old Job No. Internal Billing # Fu | | | Fund | Project/ | Grant | Program | | | | |
| | Department Name | Contact | | | | thorized to order printing Phone Email | | | | | |
| | | ONS: Only fill in the tt-copy/, or faxed to | | s relatino | g to your | request. Fo | orm can be up | oloaded | to the dropbox | , emailed to: | |
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| | Title/Description: | | | | | | (Department) | | | | |
| | Special Instructions: | | | | | | (Building / Room) □ Pick-up | | | | |
| | | | | | | | ☐ USR 158 (Office hours: 7:30 AM – 4:30PM) | | | | |
| | | | | | | | ☐ Mitchell B31 (Office hours: 8:30 AM – 3:30PM) | | | | |
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| | WARNING CONCI Material submitted for reprod (Title 17, U.S. Code). No ma the following: I agree to hold | terial will be processed u | be protected by co | pyright law r agrees to | | | | | | | |