



IRM Services Request

Services Requested:	Control Number
	Date Required
	Priority

Note: If you are placing this order for another LANL employee, please complete both the Requester (their) information and the coordinator (your) information.

Requester

Name			Z Number	Organization	Phone	Mail Stop
Cost Center	Program Code	Cost Acct	Work Package	Classification	E-Mail	Date Created

Coordinator

Name	Z Number	Organization	Phone	E-Mail
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Document Title

Posters:	
File type:	<input type="checkbox"/> PPT <input type="checkbox"/> PDF <input type="checkbox"/> Tiff <input type="checkbox"/> Other
Platform:	<input type="checkbox"/> PC <input type="checkbox"/> Mac

Detail of Work Requested <i>(List original material and/or image numbers and/or illustration number)</i>			
When order is complete, please notify <input type="checkbox"/> Requester <input type="checkbox"/> Coordinator		Date Completed	Arrange for pickup/delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No
by <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail <input type="checkbox"/> Phone			