

## REPRODUCTION SERVICES REQUISITION FORM

1. Name of Document : \_\_\_\_\_  
*Enclosed copies of document*
2. Purpose/Name of Course : \_\_\_\_\_
3. No. of original page(s) : \_\_\_\_\_
4. No. of copies/sets required : \_\_\_\_\_
5. Date of Submission : \_\_\_\_\_
7. Submitted by : \_\_\_\_\_  
*Signature and Name*
7. Approved by : \_\_\_\_\_  
*Signature and Name*  
For faculty members to be approved by the department heads.  
For Library to be approved by the Head of Library.  
For administration Staff to be approved by the Registrar.
8. Date : \_\_\_\_\_

1. The required service(s) shall be delivered within a maximum of three days.
2. Please ensure that the original documents are in the order you want.
3. Reproduction shall be done on A4 size paper unless otherwise stated.
4. We welcome suggestions for improvement.

