

Greater New Birth Church

Print Request Form

Please return this form 2 weeks before the event

Today's Date:

Date of Event:

Ministry/Group:

Date Needed:

Requested by:

Cell Number:

Description of Item	Check item (s)	Description of Item	
Create an Original	Yes	Number of Copies	
Original Attached	Yes	Black & White Copy	Yes
Copy on both sides	Yes	Color Copy	Yes
Collate	Yes		
Staple	Yes		

Purpose for Items Requested:

COD/ Coordinator:

Date:

Ministry Pastor:

Date:

Executive Office:

Date:

Administrative office Use Only!

Comments: