

Research Medical Library Interdepartmental Bindery

Bindery Services Request Form

(Please return this form with your materials.)

Date: _____ Contact Name: _____
 Unit #: _____ Department: _____
 Phone #: _____ E-mail: _____

Provide a list of the journals to be bound and choose the cover color and lettering color. Cover colors can be found on the initial page for Interdepartmental Bindery. The choices of lettering colors are gold, black, or white. Silver is available but at an extra cost of \$10.00 per volume. Please attach a sheet if all of your volumes will not fit below. All volumes must be less than 2 inches thick.

Journal title	Enumeration	Lettering color	Swatch #
Ex. Cancer research	Vol. 65, no 5-8 2005	Black	538

Total # of volumes to be bound _____

If you want a name inscribed on the volume(s), please print the name exactly as you want it to appear and indicate where you want the name to appear.

Name: _____
 Front cover bottom left corner: ____ Spine: ____ Other: _____

Authorized Company Center Administrator:

Company Center: _____

Print Name: _____ Signature: _____

To be filled out by library staff:	
Date delivered to library: _____	Date sent to bindery: _____
Date returned from bindery: _____	Date(s) notified: _____
Date picked up by staff member: _____	Amount to be invoiced: _____
Date invoice sent to library administrator: _____	

Signature of person picking up _____ bound volumes: _____

Date: _____ **Phone #:** (if different from above) _____