

Solar Financials

University Hall 360 Phone: (818) 677-6685 Mail Code: 8337

REPROGRAPHICS/QUICK COPIES

REPROGRAPHICS

ENVELOPES

STATIONERY

BUSINESS CARDS

REPROGRAPHICS:

1. Select the blue **Reprographics** hyperlink for copies, if applicable.

Next Section>	Reprographics	Envelopes	Stationery	Business Card
QuickCopies Matador Bookstore Cor 18111 Nordhoff St Northridge, CA 91330-8 (818) 677-2898 (voice) (818) 677-4646 (fax) quick-copies@csun.edu/p Please reference requi	nplex 1234 u (email) pm/repro sition number on all inqui	ries.		
Please allow a minimu and Envelopes require approval. Business car final approval. Actual tir per week.	m of 24 hours on all copy an average of 5 working c ds require an average of 4 me depends on the numb	orders. Letterheads lays after final 10 working days after er of orders received		
Save Previous tab	Mext tab	Email Workflow		E+Add Dupdate/Display

2. The following information below must be completed to create each line of the request:

Unit: NRCMP Provider: REP	Reprographics	R	eq ID: NEXT	Req Date: 05	/15/2012
ease Print this form and submit w	ith order	8.5 X 11	🔲 3 Hole Drill	Find View All	First 🗐 1 of 1 🕨 La
*# of Copies per Original: Please Enter Special Instructions B	Double-Sided Staple Below:	Collate	Colored Stock		Add or delete line:
					đ
OK Cancel					

All fields noted with an (*) are required fields.

- ***# of Originals** Enter the number of original documents requested to be copied. This is a required field.
- ***# of Copies per Originals** Enter the number of copies per individual original page being requested. This is a required field.
- Special Instructions This is a free-form field to enter special instructions for the order.
- 3. Select the **checkbox** that applies to the copy request:
 - Single Sided
 - Double-Sided
 - Staple
 - 8.5 x 11 paper
 - 11 x 17 paper
 - Collate
 - 3 Hold Drill
 - Colored Stock
 - Booklet
- 4. Select the (+) icon to add a line for additional items or select the (-) icon to delete a line.
- 5. Select **View All** to display all lines of the request.
- 6. <u>Print</u> the Reprographics page and submit to Reprographics/Quick Copies with the order.
- 7. Select **OK** and return to the **CHBK Funding** section of the instructions to complete the chargeback request.

ENVELOPES:

1. Select the blue **Envelopes** hyperlink, if applicable.

Next Section>	Reprographics	Envelopes	Stationery	Business Card	
QuickCopies					
Matador Bookstore Co	mplex				
18111 Nordhoff St					
Northridge, CA91330-	3234				
(818) 677-2898 (voice)	6				
(818) 677-4646 (fax)	lu (amail)				
quick-copies@csun.ed					
www-aumin.csun.edu/	phimepro				
Please reference requi	isition number on all inqu	ries.			
Please allow a minimu	im of 24 hours on all copy	orders. Letterheads			
and Envelopes require	an average of 5 working	days after final			
approval. Business ca	rds require an average of	10 working days after			
final approval. Actual til	me depends on the numb	er of orders received			
per week.					10
	1 C				
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Obble Llaadar LObble Data	ila I Ohhk Eurodia a I Ohhk	Ena all Monthlaws			
UNIX Header UNIX Deta	ins (<u>Chok Funding</u>) <u>Chok</u>	Email Worklow			

2. The following information below must be completed to create each line of the request:

i submit with order r Your Envelope Return Address	<u>F</u>	nd View All First 🗐 1 of 1 🕑
r Your Envelope Return Address		
		Add or delete
*Total Cost:		
& White Print Only & Red Print		
LSBate University thread of the second seco		
	*Total Cost: : & White Print Only : & Red Print : & Red Print	*Total Cost:

All fields noted with an (*) are required fields.

- ***Dept Name** Enter the full name of the department as it should appear on the envelopes. This is a required field.
- College/Division Enter the full name of the College or Division as it should appear on the envelopes.
- ***Campus Mail Drop** Enter the 4-digit mail code that uniquely identifies the department for mail delivery purposes as it should appear on the envelopes. This is a required field.
- ***Quantity** Enter the number of envelopes to be printed. This is a required field.
- *Total Cost Enter the estimated cost of the individual envelope order. This is a required field.
- Black & White Print Only Select the Black & White Print Only button to request black and white print.
- Black & Red Print Select the Black & Red Print button to request black and red print.
- **Special Instructions** This is a free-form field to enter special instructions for the order.

- 3. Select the (+) icon to add a line for additional items or select the (-) icon to delete a line.
- 4. Select **View All** to display all lines of the request.
- 5. <u>Print</u> the Envelopes page and submit to Reprographics/Quick Copies with the order.
- 6. Select **OK** and return to the **CHBK Funding** section of the instructions to complete the chargeback request.

STATIONERY:

1. Select the blue **Stationery** hyperlink, if applicable.

Next Section>	Reprographics	Envelopes	Stationery	Business Card
QuickCopies				
Matador Bookstore Cor	nplex			
18111 Nordhoff St				
Northridge, CA91330-8	234			
(818) 677-2898 (voice)				
(818) 677-4646 (fax)				
www-admn.csun.edu/p	pm/repro			
Please reference requi	sition number on all inqui	ies.		
Please allow a minimu	m of 24 hours on all copy	orders. Letterheads		
and Envelopes require	an average of 5 working d	ays after final		
approval. Business car	ds require an average of 1	0 working days after		
final approval. Actual tin per week.	ne depends on the numbe	er of orders received		
Save EPrevious tab	Next tab			E+Add Display
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2. The following information below must be completed to create each line of the request:

Unit: NRCMP	Provider: REP	Reprographics	Req ID: NEXT	Req Date: 04/03/2013
lease Print thi	s form and subm	it with order		<u>Find</u> View All First I 1 of 1
Enter the Header	e Information for	Your Stationery		
*Dept Name:				Add or delete lines
Division:				Add of delete line:
Enter the	e Information for	Your Stationery Footer		
*Mail Drop ID):			
Telephone:				
Fax Number	r:			
Campus Err	nail ID:			
*Quantity:		*Total	Cost:	
	California Stat	e University ridge		Department
				LOCKION

All fields noted with an (*) are required fields.

- ***Dept Name** Enter the full name of the department as it should appear on the stationery. This is a required field.
- **College/Division** Enter the full name of the college or division as it should appear on the stationery.
- *Mail Drop ID Enter the 4-digit mail code that uniquely identifies the department for mail delivery purposes as it should appear on the stationery. This is a required field.
- **Telephone** Enter the Campus 4-digit phone extension as it should appear on the stationery.
- **Fax Number** Enter the 4-digit fax extension as it should appear on the stationery.
- **Campus Email ID** Enter the email address as it should appear on the stationery.
- ***Quantity** Enter the quantity of stationery to be printed per line. This is a required field.
- ***Total Cost** Enter the cost of the individual letterhead order. This is a required field.
- 7. Select the (+) icon to add a line for additional items or select the (-) icon to delete a line.
- 8. Select **View All** to display all lines of the request.
- 9. <u>Print</u> the Stationery page and submit to Reprographics/Quick Copies with the order.
- 10. Select **OK** and return to the **CHBK Funding** section of the instructions to complete the chargeback request.

BUSINESS CARD:

1. Select the blue Business Card hyperlink, if applicable.

Next Section>	Reprographics	Envelopes	Stationery	Business Card	
QuickCopies					
Matador Bookstore Cor	mplex				
18111 Nordhoff St					
Northridge, CA91330-8	3234				
(818) 677-2898 (voice)					
(818) 677-4646 (fax)					
quick-copies@csun.ed	u (email)				
www-admn.csun.edu/p	pm/repro				
Please reference requi	sition number on all inquir	ies.			
Please allow a minimu	m of 24 hours on all copy	orders. Letterheads			
and Envelopes require	an average of 5 working d	ays after final			
approval. Business car	ds require an average of 1	0 working days after			
final approval. Actual tir	ne depends on the numbe	er of orders received			
per week.					
Save Previous tab	Next tab			E+Add	Update/Display
<u>Chbk Header</u> Chbk Deta	ils Chbk Funding Chbk	Email Workflow			

2. The following information below must be completed to create each line of the request:

Init: NRCMP Provi	ider: REP	Reprographics		Req ID: NEXT	Req D	ate: 04/03/2013
ease Print this form	and subm	it with order			<u>Find</u> V	iew All 🛛 First 🚺 1 of 1 🚺
Please Explain Fully &	Clearly (G	ive description &	location of service	es including the contact	person & ema	il address)
*Department Name:					0.000	
pecial Instructions:		31	lotal Cost:		0.000	Add or delete lines
1. Name:						
2. Job Title:						
*3. Dept:						
College:						
4. Telephone:						
5. Fax:						
6. Email:						
*7. Mail Drop:						
					Nam	e(1)
	Californi Nor	ia State Unive	ge			
					Titl	
				1	Departmer Colleg	e (3)
1	18111 N Northrid 91330-x	ordhoff Stree ge, Californi xxx I	et a	(81) fax (81) e-mail <i>xxx.xxx</i>	8) 677-xxx 8) 677-xxx @csun.ed	x =(4) = (5) =(6)
	(7)				

All fields noted with an (*) are required fields.

- ***Department Name** Enter the full name of the department as it should appear on the business cards. This is a required field.
- **Completion Date** This is the requested due date for the service. Key the date manually (MM/DD/YY) or select the calendar icon.
- Total Cost Enter the estimated cost of each set of business cards.
- **Special Instructions** This is a free-form field to enter special instructions for the order.
- Name Enter the employee's name as it should appear on the business cards.
- Job Title Enter the employee's job or working title as it should appear on the business cards.
- **Dept** Enter the full name of the employee's department as it should appear on the business card.
- College Enter the full name of college as it should appear on the business cards, if applicable.

- **Telephone** Enter the employee's 4-digit phone extension as it should appear on the business cards.
- **Fax Number** Enter the employee's 4-digit fax extension as it should appear on the business cards.
- Email Enter the employee's email address requested as it should appear on the business cards.
- ***Mail Drop** Enter the 4-digit mail code that uniquely identifies the department for mail delivery purposes as it should appear on the business cards. This is a required field.
- 3. Select the (+) icon to add a line for additional items or select the (-) icon to delete a line.
- 4. Select **View All** to display all lines of the request.
- 5. <u>Print</u> the Business Card page and submit to Reprographics/Quick Copies with the order.
- 6. Select **OK** and return to the **CHBK Funding** section of the instructions to complete the chargeback request.