



Nova Scotia Health
Printing and Digital Copying Services
 print.nsha@dal.ca
Requisition Form

***Requisition Date:** _____

***Zone:** _____

Cost Centre or PO#: _____

Invoice: (if there is no cost centre)

(if using a PO#, please attach a copy of the PO)

*Department: _____		*Requested by: _____	
*Phone/Email/Fax: _____	Bldg: _____	Floor: _____	Rm: _____
Special Delivery Instructions: _____			
Central Distribution (mail room): <input type="checkbox"/> Direct Courier: <input type="checkbox"/> (subject to additional cost)			

Form ID: _____ <small>(Specs as per instructions from NS Health Forms Dept, Cancer Care and Pamphlets. No additional print instructions needed.)</small>	*Quantity: _____ <small>(applies to form ID or customized)</small>
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Customized: <input type="checkbox"/> <small>(Print ready file required)</small>	<small>It is the responsibility of the requester to ensure written permission has been obtained to reproduce copyright materials.</small>	Description: _____
Paper Type: _____		Paper Colour: _____
Colour: <input type="checkbox"/>	Black & White: <input type="checkbox"/>	Single-sided: <input type="checkbox"/> Double-sided: <input type="checkbox"/> Final Size: _____
Cut: <input type="checkbox"/>	Staple: <input type="checkbox"/>	Hole Punch: <input type="checkbox"/> Pad: <input type="checkbox"/> Fold: <input type="checkbox"/>
Coil: <input type="checkbox"/>	Laminate: <input type="checkbox"/>	Perforate: <input type="checkbox"/> Number: <input type="checkbox"/>

Business Cards: <input type="checkbox"/>	Office Paper: <input type="checkbox"/>	NCR: <input type="checkbox"/>	Letterhead: <input type="checkbox"/>	Envelopes: <input type="checkbox"/>
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Special Instructions:

Please include additional details here as needed.

Printing Services Use Only

Order Number: _____	Sub-total: _____
Print Technician: _____	Ship date: _____
Order Status: _____	Shipping Cost: _____
	HST: _____
	Total: _____

- **Please note hand-written forms will not be processed.**
- **Please complete a separate order form for each item.**
- **Fields marked with an * are required.**
- **Please note that incomplete order forms could result in order delay.**
- **Please email your completed order form to print.nsha@dal.ca.**