



Nova Scotia Health Authority
Printing & Digital Copying Services
 P: (902) 494-6428 / F: (902) 494-6314
 print.nsha@dal.ca
Requisition Form

Western Zone

Please note that this form is required to be filled out in appropriate detail for the completion of all print job requests. Inaccurate and/or missing information may result in service delays until the required details are provided. Print production staff will make every effort to ensure the work is completed to your satisfaction but quality begins with you! If assistance is needed, please contact Dalhousie Printing Services per the above.

① Department: _____ ② Date: _____ ③ SAP Number: _____

④ Job Name (Document Title, Form #): _____

⑤ Requested By: _____ ⑥ Phone: _____

⑦ Delivery-To Site: _____ ⑧ Bldg: _____

⑨ Floor: _____ ⑩ Room: _____

⑪ Special Delivery Instructions: _____

⑫ Date Required: _____ ⑬ No. of Pages in Document: _____ ⑭ Quantity: _____
(Optional)

NOTE: It is the responsibility of the requestor to ensure written permission has been obtained to reproduce copyright materials.

⑮

<input type="checkbox"/> 8.5 x 14	<input type="checkbox"/> Paper	<input type="checkbox"/> White	<input type="checkbox"/> Coil
<input type="checkbox"/> 8.5 x 11	<input type="checkbox"/> Card Stock	<input type="checkbox"/> Colour Stock _____	<input type="checkbox"/> Perfect
<input type="checkbox"/> 11 x 17	<input type="checkbox"/> Envelopes	<input type="checkbox"/> Colour Inks _____	<input type="checkbox"/> Laminate
<input type="checkbox"/> Back to Back	<input type="checkbox"/> Cut	<input type="checkbox"/> NCR # of Parts _____	<input type="checkbox"/> Perforate
<input type="checkbox"/> Collate	<input type="checkbox"/> Pad	<input type="checkbox"/> Hole Punch _____	<input type="checkbox"/> Numbering
<input type="checkbox"/> Staple	<input type="checkbox"/> Fold	<input type="checkbox"/> Other (see special instructions)	

⑯ **Special Instructions** _____

⑰

Administrative Use Only

Print Technician _____	Date Received	DD	MM	YYYY	Service Charges: Print/Digital Copying: \$ _____ HST: \$ _____ Total Cost: \$ _____
	Date Completed	DD	MM	YYYY	



Western Zone

Nova Scotia Health Authority
Printing & Digital Copying Services
 P: (902) 494-6428 / F: (902) 494-6314
 print.nsha@dal.ca
Requisition Form

DESCRIPTION
1. Indicate the department requesting the work to be done.
2. Provide the date of the request.
3. Enter the account to which the work will be charged.
4. Assign a short descriptive name to the job and include form number if applicable. Reprint of existing forms and/or documents should have a standard and consistent name. Changes or revisions in form numbers should be noted.
5. Name of the individual submitting the requisition form.
6. Identify contact phone number.
7. to 10. Provide a descriptive area (i.e. reception desk) as a site location if applicable and indicate the building, floor and room where printed material is to be delivered.
11. Identify any additional details regarding the delivery of the completed job. Please include the name of the person(s) expecting to receive the material if other than the individual noted on the requisition form.
12. A numerical date should be entered to ensure your work is scheduled for production. The standard completion period for all requisitions is 5 to 10 days (excluding Saturday and Sunday). This includes the date of the request if submitted by 3pm otherwise scheduling begins on the next week day. "ASAP" will automatically default to a 10 calendar day completion period. Dalhousie Printing Services should be contacted regarding work requests (i.e. rush jobs) falling outside of standard print scheduling and which may incur additional charges. Unless alternate arrangements are made in advance, the printing of material will be completed on or before date required.
13. Indicate the number of pages in the document.
14. Provide the quantity of finished pieces you want to receive upon completion of the job.
15. Check the appropriate box that describes the material to be used and the type of work to be done. Where applicable or additional detail is necessary, please include attachments such as previously printed (i.e. reprints) samples or design print information. You may also add to "Special Instructions" or contact Dalhousie Printing Services for assistance.
16. Special instructions. Provide any additional information that pertains to the completion of the printing request.
17. Leave blank. This section to be completed by print production staff.