

STUDENT JOB REQUEST FORM



JOB NUMBER:

Name:	PLEASE ALLOW 24HRS FOR DIGITAL PRINT JOBS & 48 HOURS FOR WIDE FORMAT PLEASE CONSULT WITH STAFF IF YOUR WORK IS URGENT	
CIT No:		
Project:		
Phone:	Date requested:	Time requested:
Teachers name	Date due:	Time due:

	No. printed pgs	No. copies	Doc Size (mm)	Stock size, weight & description including finishing and wide format
1. File name:			X	
2. File name:			X	
3. File name:			X	
4. File name:			X	
5. File name:			X	
6. File name:			X	
7. File name:			X	

Special requirements/notes

OFFICE USE ONLY

QUOTED **INVOICE**

PLEASE RETURN COMPLETED FORM TO CITSAPRINT@CIT.EDU.AU

FOR ANY ASSISTANCE PLEASE CONTACT 02 6207 4150

By submitting this order, you agree to be bound by the terms and conditions of use (Terms) which are available at www.citsa.com.au/citsaprintterms