

REQUEST FOR OFFICE ASSISTANCE FORM

Name of Ministry				
Date of Request				
Ministry Leader's Name				
Requester's Name				
Phone Numbers	Home		Cell	
FABC E-mail Address				

Date of Request		Date Request Needed	
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<input type="checkbox"/> Typing	<input type="checkbox"/> Reproduction		
<input type="checkbox"/> Letter	<input type="checkbox"/> Flyer	Number of Originals	
<input type="checkbox"/> Bible Study	<input type="checkbox"/> Memo	Number of copies per Original	
<input type="checkbox"/> Ministry's Roster	<input type="checkbox"/> Program	<input type="checkbox"/> Black and White	<input type="checkbox"/> Color
List other typing needs not listed	<input type="checkbox"/> Back & Front	<input type="checkbox"/> Hole Punched	
	<input type="checkbox"/> Special Paper	<input type="checkbox"/> Regular Paper	
Special Instructions for typing	<input type="checkbox"/> Card Stock	<input type="checkbox"/> Laminated	
	<input type="checkbox"/> Staple	<input type="checkbox"/> Cut	<input type="checkbox"/> Fold
	<input type="checkbox"/> Binding	<input type="checkbox"/> Comb	<input type="checkbox"/> Spiral (Plastic)
	<input type="checkbox"/> White Paper	<input type="checkbox"/> Colored Paper	
	List Colors	1 st Choice	
		2 nd Choice	
PLEASE LIST OTHER REQUESTS THAT ARE NOT IDENTIFIED ON THIS FORM			

Please allow one to three days for completion of request (depending on the office workload).

All requests must have ministry leader's approval by signature or email.

Ministry Leader's Signature _____ Date: _____