

Work Request Form

Same Day: Yes No

Date Needed: _____ **Time Needed:** _____ am/pm

Date & Time Submitted: _____ @ _____ am/pm

Submitted By: _____ **Ext.** _____

Client/Matter #: _____

<p style="text-align: center;">Copies <input type="checkbox"/></p> <p style="text-align: center;"># of Copies _____</p>	<p style="text-align: center;">Fax <input type="checkbox"/></p> <p style="text-align: center;">Fax #: _____</p>
<p style="text-align: center;">Scan <input type="checkbox"/></p> <p style="text-align: center;">Scan To: _____</p>	<p style="text-align: center;">Bates Label <input type="checkbox"/></p> <p style="text-align: center;">Starting with: _____</p>

Additional Instructions (please be specific)

Other (please be specific)

Completed By: _____ **Date:** _____

Not Completed-Comments:
