

# LIBRARY BINDERY REQUISITION

**B-175, 1301 South 46th Street**  
**Richmond, CA 94804-3580**  
**Phone: (510) 665-2171**  
**Business hours: 7:00AM - 3:00PM**  
**Web site: bindery.berkeley.edu**

University of California  
Library Bindery

REFERENCE #
REQUISITION DATE
SPEED TYPE
CUSTOMER NO.

**Enclose the completed form with your shipment of books to the bindery.**

<b>CAMPUS, DEPARTMENT, ACCOUNT:</b>	Berkeley	BU	Account	Fund	Organization	Program	Project	Flex Field
<b>CAMPUS, DEPARTMENT, ACCOUNT:</b>	OP/Other Campus	Loc	Account	Fund	Sub	Obj. Code	Other Codes	

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**CONTACT:** \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Name Phone Email (please provide)

\_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Address City State Zip

**DELIVERY DATE**

**MAIL DATE**

**DELIVERY LOCATIONS:**

Dept.: _____	Dept. _____
Address: _____	Address: _____
_____	_____
_____	_____

For more delivery locations, please provide an Excel file.

<input type="checkbox"/> PRINT <input type="checkbox"/> BIND <input type="checkbox"/> SUPPLIES <input type="checkbox"/> _____	NO. OF COPIES	NAME OR TITLE / Description (i.e. books, thesis, serials, boxes etc.)
		Previous Bindery Services job no. _____

Product	Quantity
New Case	
Rebind	
Buckram Full Prep	
Buckram Standard Non-collate	
Mylar	
Pamphlet	
Corrections	
Theses	
Other	

Please provide additional details if necessary.

**For Bindery Services Only**

\$   
Estimated Cost

\$   
Billing Price

Bindery Job Number

\_\_\_\_\_ Department Approval for Recharge

\_\_\_\_\_ Library Bindery Approval

**THANK YOU!**