

	TECHNICAL UNIVERSITY OF MOMBASA		
	Document: Form	Ref No.: TUM/Form/LIB /004	
	Title: PHOTOCOPY/BINDING/LAMINATION REQUEST		
	Department: UNIVERSITY LIBRARY		
	Issue No. 2	Revision No. 0	Date: 5th April 2018

(To Be Filled in Triplicate)

Faculty/School/Institute/Directorate/Department of: _____

To: FINANCE OFFICER

CHARGES FOR SERVICES RENDERED

Please arrange to transfer the amount of money stated below to Library Photocopy Income Account for photocopying/binding/lamination services offered to my Faculty/School/Institute/Directorate/Department as indicated below:

Details of work requested: _____

S/N	Type of service	No. of Copies	Unit Charge (KShs.)	Total Amount (KShs.)
1.	Photocopying			
2.	Binding			
3.	Lamination			
GRAND TOTAL (KShs.)				

Staff Name: _____ Signature: _____ Date: _____

The Dean/Director/COD/HOD should sign below to certify that the above services were rendered and to authorize the transfers of funds to the Library Account.

Name of Dean/Director/COD/HOD Signature Date

Work satisfactorily completed and handed over to the staff member.

Machine Operator's Name Signature Date

Distribution of copies

- Original : To be retained by Machine Operator
- Duplicate : To be sent to Finance Officer
- Triplicate : To be sent to the originating School/Faculty/Department

