



DUPLICATION REQUEST FORM

Print Name: _____

Date: _____

Department Name: _____

Send to Palmdale Center? Yes No

PALMDALE REQUESTS WILL BE SHRINK-WRAPPED

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<p>COLOR OF PAPER:</p> <p><input type="checkbox"/> White <input type="checkbox"/> Gray <input type="checkbox"/> Blue</p> <p><input type="checkbox"/> Almond <input type="checkbox"/> Pink <input type="checkbox"/> Green</p> <p><input type="checkbox"/> Tan <input type="checkbox"/> Goldenrod <input type="checkbox"/> Yellow</p> <p>COLOR OF CARDSTOCK:</p> <p><input type="checkbox"/> White <input type="checkbox"/> Gray <input type="checkbox"/> Ivory</p> <p><input type="checkbox"/> Blue <input type="checkbox"/> Orchid</p>	<p>SPECIAL INSTRUCTIONS:</p>

If funded by a GRANT, please check applicable box below:

Please choose department:

- Advancement
- AVC Foundation Only
- Basic Skills
- Bookstore
- CA Career Pathways Trust
- Café
- CalWORKs
- Child Development Center
- Child Development Training Consortium
- Corporate & Community Services
- Disabled Student Services (OSD)

- EOPS
- Foster Parenting (FKCE)
- Perkins
- SOAR
- SSSP
- STEM Coop
- STEM Solo
- Student Equity
- Title V – 1st Year
- Trio/Star
- OTHER: _____

PROGRAM MANAGER SIGNATURE AND FOAP REQUIRED FOR APPROVAL FOR GRANT-FUNDED REQUESTS:

Signature: _____

FOAP: _____