

MUDGE DISTRICT U3A REQUEST FOR PHOTOCOPING FORM

PRESENTER:

DATE REQUESTED: DATE REQUIRED:

PRESENTERS' NOTES:

Number of A4 single sided pages: @ 10 cents per page =

Number of A4 double sided pages: @ 15 cents per page =

TOTAL COST per person for these notes =

Member's Name <i>(please print)</i>	Amount Paid
TOTAL	

If there are inadequate spaces, please use additional sheets

Please complete totals for this page.

Monies collected must be handed to the Secretary with this request.

Please sign each sheet used.

Signature of Presenter: