

PAID DUB ORDER FORM

Name: _____
Local Phone: _____
Email: _____
Address: _____

- student
- faculty
- staff
- alum
- other
- NU
- non-NU

USE: NUML media for the copies
 the media provided, which are:

today's date: _____
date needed: _____

if not enough: call
 use NUML media

payment:
 will prepay
 call me
 bill me
 charge CUFS number:

delivery:
 will pickup
 mail me
 mail to: _____

FROM: NUML call nos.: _____
copy: _____

personal source(s): _____
copy: _____

TO: cassette, _____ copies

on: both sides
 side _____

with: No NR
 Dolby B NR
 Dolby C NR
 dbx NR

open reel, _____ copies

in: 1/2 track
 1/4 track, both sides
 1/4 track, side

at: 7 1/2 ips
 3 3/4 ips

DAT, _____ copies

if all sources are analog, record at: 48.0 KHZ SR
 44.1 KHZ SR
 32.0 KHZ SR

CD-DA, _____ copies

NOTE: COPYRIGHT RESTRICTIONS ARE STRICTLY OBSERVED.

FOR STAFF USE ONLY:

current status of dub (use PENCIL):
_____ initials: _____

dub completed on: _____
(date)

charges:
_____ dubs @ \$8.00 each = _____
_____ min. editing @ \$0.20/min. = _____
_____ cassettes @ \$2.00 each = _____
_____ reels @ \$8.00 each = _____
_____ DAT's @ \$10.00 each = _____
_____ CD's @ \$2.00 each = _____
_____ mailings @ \$1.00 each = _____

TOTAL: _____

\$ _____ payment by cash
(amount) check no. _____
 money order no. _____

received on: _____ by _____
(date) (initials)

dub delivered on: _____ by: _____
(date) (initials)