

Scan Ticket

taubmancollege/mediacenter

Name: _____

Email: _____

Phone: _____ Dropoff date/time: _____

Desired pickup date/time: _____

internal use only

staff member: _____

#409 total scans: _____ x \$1.50 LF

TOTAL COST: _____

SHORTCODE : _____

Scan Information:

Special Requests:

WARNING: Loose, delicate or poorly secured items could be torn or lost in the scanning process

Notice: Light/fine lines may not be picked up by our scanner