



**Request for Bona Fide Printing or Copying**

**In accordance with PD 21**

Name: \_\_\_\_\_ ID: \_\_\_\_\_

Unit: \_\_\_\_\_

Photocopying  Number of pages to be copied \_\_\_\_\_

Number of copies required \_\_\_\_\_

**Total cost:** **Pages x copies =** \$ \_\_\_\_\_

Printing  Number of pages to be printed \_\_\_\_\_

Number of copies required \_\_\_\_\_

**Total cost:** **Pages x copies =** \$ \_\_\_\_\_

File name, if document is to be printed from a disk \_\_\_\_\_

Cost of photocopying or printing: **\$0.20 per sheet**

C63 attached  Yes  No If no, why? \_\_\_\_\_

**Prisoner's signature:** \_\_\_\_\_

Date: \_\_\_\_\_

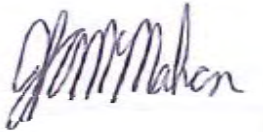
**Requested actions complete:**

Officer's signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Approved

Commissioner or delegated authority as  
per Policy Directive 21

Signature: 

Date: 9 December 2013

## Amendment history

Version	Approved	Effective from
1. First published	9 December 2013	20 January 2014