

DUPLICATE COPY REQUEST FORM

Requesting Dept./Section		DCC		
Prepared	Approved	DCC	ISO Facilitator	
Division Head	Department Head			
Date Requested:		Released by/ Date:		
Date Needed:		Received by/ Date:		
Type of Document <input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled <input type="checkbox"/> Temporary <input type="checkbox"/> Others pls. specify _____				
Document Title	Document No.	Rev. No	Page No.	No. of Copies
Reason(s) for duplicate(s):				