PRINT SERVICES REQUEST

GL ACCOUNT CODE NUMBER	Account code is required before work can begin.

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Print Services

REQUESTED BY (Name):	WORK ORDER #
LOCATION	PHONE NUMBER/EXTENSION
E-MAIL ADDRESS _____ @ _____	NEED BY A SPECIFIC DATE?

Description _____ **(Max 24 Characters)**

JOB REQUIREMENTS — *Please Fill In or Check All Applicable Categories*

PRINTING

NO. OF PAGES	CHANGES OR OTHER REQUESTS (DESCRIBE):	
NO. OF COPIES		
ORIGINAL SIZE	☐ ONE-sided printing ☐ Mixed one and two-sided printing *(please send sample for us to follow)*	***PLEASE SEND A SAMPLE WITH ALL REPRINTS!***
FINISHED SIZE	☐ TWO-sided printing	

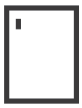
PAPER

BOND	☐ WHITE _____ # (text weight)	**CARDSTOCK**	☐ WHITE _____ # (cover weight)
	☐ COLOR (_____) _____ # (text weight)		☐ COLOR (_____) _____ # (cover weight)
	☐ COLOR (_____) _____ # (text weight)		COVERS: ☐ Front only ☐ Back only ☐ Both
CARBONLESS	☐ 2-PART (W/Y) ☐ 3-PART (W/Y/P) ☐ 4-PART (W/Y/P/GOLD) ☐ OTHER _____		
LABELS	☐ ADDRESS/MAILING ☐ .75" CIRCLE ☐ 2" CIRCLE ☐ 3" CIRCLE ☐ CRACK-N-PEEL color _____		
OTHER			

IMPRINT ☐ **DIGITAL FULL COLOR** ☐ **DIGITAL BLACK & WHITE/GRAYSCALE**

BINDERY

STAPLE


☐ ONE IN CORNER

☐ SADDLESTITCH

FOLD

☐ HALF

☐ THIRDS (letter)

☐ THIRDS (Z-fold)

BIND

☐ PLASTIC COIL

☐ 3 HOLE DRILLING

☐ SHRINK WRAP

☐ PADDING:
# of sheets per pad _____
# of pads _____

SOURCE MATERIALS ☐ HARD COPY ☐ ON FILE ☐ ATTACHED IN iSUPPORT

NOTES

ADDITIONAL NOTES/SPECIAL INSTRUCTIONS

PRINT SERVICES USE ONLY

Outsourced to: _____

B & W _____

Color _____

Booklets _____

Carbonless _____

Posters _____

Bill Date _____

Total Cost _____

DELIVERY

☐ INTERSCHOOL MAIL	☐ GENERAL DELIVERY	**DELIVER TO** ▶	NAME
☐ CUSTOMER PICK UP	☐ DISTRIBUTE PER LIST		LOCATION

1. FILL OUT FORM 2. SAVE 3. ATTACH TO EMAIL TO PRINTSERVICES@AURORAK12.ORG