



PRINTING REQUEST

CENTRAL VALLEY SCHOOL DISTRICT NO. 356
REPROGRAPHIC SERVICES 228-5418 or 228-5537
email: vbooth@cvsd.org or tmanus@cvsd.org

REQUESTED BY: _____

BUILDING/DEPARTMENT: _____

DATE OF REQUEST: _____

DATE DESIRED: _____

NAME OF PROJECT: _____

X _____

PRINCIPAL'S/SUPERVISOR'S APPROVAL SIGNATURE

BEFORE ITEM(S) CAN BE PRINTED, ALL PRINTING REQUESTS MUST BE SIGNED BY YOUR PRINCIPAL OR SUPERVISOR. WITHOUT APPROVAL SIGNATURES, THIS REQUEST FORM WILL BE RETURNED.

YOUR SIGNATURE CONFIRMS THAT PERMISSION HAS BEEN GRANTED TO REPRODUCE COPYRIGHTED MATERIALS.

NO. OF ORIGINALS _____ NO. OF COPIES NEEDED _____ ONE SIDE ONLY FRONT & BACK

DOCUMENTS IN .PDF FORMAT EMAILED _____ CALL TO SEE IF OTHER FORMATS MAY BE EMAILED

PAPER WEIGHT:	PAPER LENGTH:	TYPE OF PAPER:	COLOR COPIES:
<input type="checkbox"/> 20# Bond	<input type="checkbox"/> 8 1/2 x 11	<input type="checkbox"/> 20# White Bond	<input type="checkbox"/> Full Color
<input type="checkbox"/> 60# Text	<input type="checkbox"/> 8 1/2 x 14	<input type="checkbox"/> 20# Color _____	<input type="checkbox"/> Single Color
<input type="checkbox"/> 65# Cover Stock	<input type="checkbox"/> 11 x 17	<input type="checkbox"/> Cover/Color _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Carbonless	<input type="checkbox"/> Other _____	<input type="checkbox"/> Astro/Color _____	<input type="checkbox"/> POSTERS <input type="checkbox"/> BANNERS
<input type="checkbox"/> 2 PT <input type="checkbox"/> 3 PT	<input type="checkbox"/> 4 PT <input type="checkbox"/> 5 PT	<input type="checkbox"/> Other _____	Number _____
<input type="checkbox"/> 3 PT Forward (F/B)	<input type="checkbox"/> 4 PT Forward (F/B)		Size _____ x _____

BINDERY INSTRUCTIONS:

<input type="checkbox"/> Collate	<input type="checkbox"/> Fold	<input type="checkbox"/> Spiral Bind
<input type="checkbox"/> Staple	<input type="checkbox"/> 1/2 (Single)	<input type="checkbox"/> Reduce
<input type="checkbox"/> Upper left corner	<input type="checkbox"/> 1/3 (Letter)	<input type="checkbox"/> Enlarge
<input type="checkbox"/> Two on left side	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Saddle stitch/booklet		
<input type="checkbox"/> 3-Hole Punch/Drill	<input type="checkbox"/> Glue/Pad	<input type="checkbox"/> Cut
<input type="checkbox"/> Other _____		

PRINT SHOP USE ONLY

Date Received: _____

Date Completed: _____

By: _____

DISTRIBUTION:

<input type="checkbox"/> All Staff	<input type="checkbox"/> Kindergarten
<input type="checkbox"/> Certified Employees	<input type="checkbox"/> Grades 1-5
<input type="checkbox"/> Classified Employees	<input type="checkbox"/> Grades 6-7-8
<input type="checkbox"/> Elementary Staff	<input type="checkbox"/> Grades 9-10-11-12
<input type="checkbox"/> Secondary Staff	<input type="checkbox"/> Other _____

DELIVERY:

Delivered by courier unless otherwise specified Phone Number ↓

Will pick up Call for pickup _____

PRINTING CHARGES

Printing:	_____	_____
_____	_____	_____
_____	_____	_____
Bindery:	_____	_____
_____	_____	_____
Other:	_____	_____
_____	_____	_____
TOTAL		_____
Budget Code:		
X	001	5__0

SPECIAL INSTRUCTIONS/COMMENTS:

X Will be returned if not signed and coded