

PRINT REQUEST WHITE & YELLOW - to Printing Services

PF0005710

INVOICE TO:

WITH SAMPLE OF MATERIAL ORDERING
PINK - Keep for records

DUE DATE: ____ / ____ / ____

REQUIRED INFO

Requisition No. _____ GL Key _____ Object _____ Unit _____
 School/Unit/Organization _____
 Contact Person _____ Phone _____ Fax _____
 Unit Head Signature/Address for non FWCS _____ Todays Date _____

- deliver
- to mailroom
- a.m. pick up p.m. pick up
- Call contact person below when ready

PAPER & NAMEPLATES

PAPER

PAPER - Color and Weight _____ Number of reams _____
ATTACH ADDITIONAL SHEET FOR LISTING PAPER
 NAME PLATE (engraved) desk desk w/stand wall w/holder wall w/adhesive Quantity _____
 Words on plate _____ Size _____ Color of Plate _____

PRINTING

PRINTING

DESCRIPTION _____ QUANTITY _____

of Pages _____ Back-to-back One side only **Carbonless:** 2-part 3-part 4-part 5-part

Paper - color&weight _____ **Ink** _____
(If not specified, white bond will be used) (if not specified, black will be used)

Size: 4 1/4 x 5 1/2 5 1/2 x 8 1/2 8 1/2 x 11 11 x 17 12 x 18 Other (specify) _____

Finishing: Spiral bind Hole Punch Perforate _____ Fold _____ Collate Staple
 Comb bind Booklet Laminate: _____ mil Trim to _____
 Diecut Foil Stamp Number - starting # _____

NOTE PADS _____ **Size** 4 1/4 x 5 1/2 5 1/2 x 8 1/2 8 1/2 x 11 **Sheets per Pad** 50 100 **Pad** top side
 7 x 8 1/2 4 1/4 x 3.67 3 1/2 x 8 1/2 Other _____

ENVELOPE (500 per box) _____ No.10 Reg or Win No.9 Reg or Win No.6 3/4 5 1/2 Bar
 9 x 12 White Catalog 9.5 x 12.5 White Catalog 6 x 9 White Catalog Other (specify) _____

LETTERHEAD (500 per pkg) _____

BUSINESS CARD (200 per box) _____
 Name _____

SPECIAL INSTRUCTIONS:

PRINTING SERVICES USE

Sample Provided Changes File Provided Distribution

Plate(s) _____	Ink Color _____	\$ _____
Impressions	B/W _____	\$ _____
	Color _____	\$ _____
Stock _____		\$ _____
		\$ _____
Design/Art	____ hrs ____ min ____ / ____	\$ _____
L.P. Printing	____ hrs ____ min ____ / ____	\$ _____
Print/Copy	____ hrs ____ min ____ / ____	\$ _____
Bindery	____ hrs ____ min ____ / ____	\$ _____
	____ hrs ____ min ____ / ____	\$ _____
	____ hrs ____ min ____ / ____	\$ _____
Spiral/Comb Binding	____ Size ____ Color ____ Qty ____	\$ _____
Materials _____		\$ _____
Materials _____		\$ _____
	Total	\$ _____

PROOF

Date sent ____ / ____

Date approved ____ / ____

SHIPPING

To Warehouse ____ / ____

For Pick up ____ / ____

Other Delivery ____ / ____

of Pkgs _____

Date Received

JOB NO. _____



Printing Services

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