



957-2368
561-0240 (Fax)

Job Request

Printing/Duplicating/Graphic Design

Received

Job #

District _____ Building/Dept. _____ Date Submitted _____
 Contact _____ Telephone _____ Email _____
 Date Needed (please indicate actual date - not ASAP) _____

Project Description _____ (PLEASE SEND SAMPLE WITH JOB REQUEST)

Quantity _____
 # of Original Pages _____
 One Side Front & Back
 Size: 8.5x11 8.5x14 11x17
 Other _____
 Ink Color _____
 Full Color Copies
 Paper Color _____
 Cover Color _____
 Index (Heavier than Cover) _____
 Carbonless - # Parts _____

Uncollated
 Collate
 Fold: Half Tri
 Staple: 1 Staple 2 Staples
 Binding: Comb Spiral/Coil
 Pads: of 50 of 100 other ____
 Drill Holes: 3 Other _____
 Numbering _____
 Tabs
 Laminate
 Perforating Scoring

Special Instructions
(please indicate any changes here)

Envelopes: #10 #11 #12 #14 Plain Security Brown Kraft
 6x9 9x12 10x13 Window Self Sealing

Send electronic files to:
printshop@cves.org

Signed _____ Approved _____ School District Authorization

NOTE: Submission of this signed form constitutes an authorization to reproduce the attached materials and represents an assurance that the request is consistent with any applicable copyright laws.

Below for CVES use only

Graphic Design Kim Becky No. Originals _____ Date Received _____
 Photocopy Quantity Printed _____ Date Completed _____
 Proofed by Client

	Aidable Shared Service	Non-Aidable Invoice	TOTAL
Design/Layout _____ Hours			
Photocopy _____ Minutes			
___ # Fronts _____ / _____			
___ # Backs _____ / _____			
___ Front Cover _____ / _____			
___ Back Cover _____ / _____			
___ Tabs _____			
___ # Sets Carbonless _____ Part			

Folding _____ Padding _____ Drilling _____			
Collating _____ Binding _____ Cutting _____			
Stapling _____ Numbering _____ Perf/Score _____			
Other (binders, laminating, etc.) _____			

TOTAL