

# PRINT REQUEST

COPY OR SAMPLE MUST BE PROVIDED WHEN SUBMITTING A PRINT REQUEST

PF0005710

REQUIRED INFO

## INVOICE TO:

Requisition No. \_\_\_\_\_ GL Key \_\_\_\_\_ Object \_\_\_\_\_ Unit \_\_\_\_\_

School/Unit/Organization \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Unit Head Signature/Address for non FWCS \_\_\_\_\_ Today's Date \_\_\_\_\_

DUE 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  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  Other \_\_\_\_\_

ENVELOPE (500 per box) \_\_\_\_\_  No.10 Reg or Win  No.9 Reg or Win  No.6 3/4  
 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 _____ / _____	\$ _____
	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

1511 Catalpa Street, Fort Wayne, IN 46802

Phone 467-2527 Fax 467-2538

printshop@fwcs.k12.in.us