

PRINT ORDER

PLEASE COMPLETE IN FULL

If you have any questions, please call 360.750.7500, x289

fax: 360.750.9706

printjobs@esd112.org

Invoice #: _____

Quote #: _____

Total Impressions: _____

| | | |
|--|--|--|
| All ESD ACCOUNT CODES MUST BE FILLED OUT COMPLETELY ESD Acct. Code: _____ - _____ - XXXX - _____ - _____ - _____ ESD Acct. Code: _____ - _____ - XXXX - _____ - _____ - _____ | | DATES: Today: _____ Due: _____ Printed: _____ Delivered: _____ Initials: _____ |
| ESD Dept. _____ School District _____ Phone No. _____ School District PO No. _____ Deliver to: _____ | | QUANTITY: No. of Originals _____ Copies per Original _____ |
| JOB DESCRIPTION: _____ | | |
| SPECIAL INSTRUCTIONS: _____ | | |

Approval by authorized person relieves ESD 112 Print Center of responsibility of copyright infringement, if applicable.

AUTHORIZED BY: _____ Date: _____

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|--|---|---|---|
| PAPER SIZE: <input type="checkbox"/> 8.5 x 11" <input type="checkbox"/> 8.5 x 14" <input type="checkbox"/> 11x17" <input type="checkbox"/> Envelope _____ | PRINTED: <input type="checkbox"/> One-sided <input type="checkbox"/> Two-sided | PAPER TYPE: Bond Card <input type="checkbox"/> NCR _____ Part <input type="checkbox"/> 20# <input type="checkbox"/> 110# <input type="checkbox"/> Astrobright <input type="checkbox"/> 60# _____ Color _____ <input type="checkbox"/> 70# _____ <input type="checkbox"/> Tabs _____ SPECIAL ORDER PAPER: | BOND PAPER COLOR: <input type="checkbox"/> White <input type="checkbox"/> Green <input type="checkbox"/> Tan <input type="checkbox"/> Blue <input type="checkbox"/> Orchid <input type="checkbox"/> Canary <input type="checkbox"/> Cream <input type="checkbox"/> Cherry <input type="checkbox"/> Grey <input type="checkbox"/> Pink <input type="checkbox"/> Goldenrod <input type="checkbox"/> Other <input type="checkbox"/> Buff <input type="checkbox"/> Salmon _____ |
| INK: <input type="checkbox"/> Black <input type="checkbox"/> PMS Color _____ <input type="checkbox"/> Standard Color _____ <input type="checkbox"/> Color Copier | | | |
| COLLATE: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Groups of 25 <input type="checkbox"/> Groups of 50 <input type="checkbox"/> Groups of 100 | | | |
| STAPLE: <input type="checkbox"/> YES <input type="checkbox"/> NO Location <input type="checkbox"/> UL <input type="checkbox"/> 2-L <input type="checkbox"/> Saddle | | | |
| CUT: <input type="checkbox"/> YES <input type="checkbox"/> NO Size: _____ | | | |
| PAD: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Pads of 50 <input type="checkbox"/> Pads of 100 <input type="checkbox"/> Glue Top <input type="checkbox"/> Glue Edge <input type="checkbox"/> Other _____ | | | |
| FOLD: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Fold in Half <input type="checkbox"/> Half again <input type="checkbox"/> Letter Fold <input type="checkbox"/> Cover Out <input type="checkbox"/> Cover In <input type="checkbox"/> Other _____ | | | |
| DRILL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> For 3-Hole <input type="checkbox"/> For 2-Hole <input type="checkbox"/> Other _____ | | | |
| COMB: <input type="checkbox"/> YES <input type="checkbox"/> NO (Fingers) | | | |
| COIL: <input type="checkbox"/> YES <input type="checkbox"/> NO (Spiral) | | | |
| PERF/SCORE: <input type="checkbox"/> YES <input type="checkbox"/> NO _____ NUMBER: <input type="checkbox"/> YES <input type="checkbox"/> NO Starting # _____ | | | |
| LAMINATE: <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| TABBING: <input type="checkbox"/> YES <input type="checkbox"/> NO _____ (For mailing) | | | |
| File Type: <input type="checkbox"/> PC <input type="checkbox"/> MAC File Name: | | | |