

REQUEST FOR PRINTING

Job No. _____



School, Department, Or Organization	Organization #

REQUESTED BY _____	PHONE NUMBER _____
EMAIL ADDRESS _____ @killeenisd.org	NEEDED BY DATE?

Job Description

JOB REQUIREMENTS — Please Fill In or Check All Applicable Categories

PRINTING	# OF COPIES _____	<input type="checkbox"/> ONE-sided printing	<input type="checkbox"/> Mixed one-and two-sided printing <i>(please send sample for us to follow)</i>
	# OF PAGES IN DOCUMENT _____	<input type="checkbox"/> TWO-sided printing	
	FINISHED SIZE _____	<input type="checkbox"/> COLOR <input type="checkbox"/> BLACK & WHITE	
EMAIL FILES TO DL-PRINTSHOP@KILLEENISD.ORG			

PAPER	STANDARD	<input type="checkbox"/> WHITE <input type="checkbox"/> COLOR (specify) _____ <input type="checkbox"/> COLOR (specify) _____	CARDSTOCK	<input type="checkbox"/> WHITE <input type="checkbox"/> COLOR (specify) _____ COVERS: <input type="checkbox"/> Front only <input type="checkbox"/> Back only <input type="checkbox"/> Both
	<input type="checkbox"/> CARBONLESS <input type="checkbox"/> 2-PART (W/Y) <input type="checkbox"/> 3-PART (W/Y/P) <input type="checkbox"/> 4-PART (W/Y/P/GOLD)			
	SPECIALTY PAPER (specify) _____			

FINISHING SERVICES	STAPLE	CHECK ONE ONE IN CORNER TWO ON SIDE SADDLE STITCH	BINDING	CHECK ONE <input type="checkbox"/> PLASTIC COIL <input type="checkbox"/> COMB BINDING <input type="checkbox"/> 3 HOLE PUNCHED <input type="checkbox"/> PADDING: Number of sheets per pad _____
	FOLDING	CHECK ONE <input type="checkbox"/> HALF <input type="checkbox"/> THIRDS (letter) IF OTHER FOLD, PLEASE CONTACT PRINT SHOP		OTHER BINDERY INSTRUCTIONS _____

NOTES	ADDITIONAL NOTES/SPECIAL INSTRUCTIONS
<input type="checkbox"/> New/Revised File <input type="checkbox"/> Use version already on file at Print Shop	

DELIVERY	<input type="checkbox"/> TRANSPORTATION DELIVERY <input type="checkbox"/> CUSTOMER PICK UP
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Price Estimate
\$

PRINT SHOP USE ONLY:

B & W Impressions: _____

Color Impressions: _____

Materials: \$ _____

Plates: \$ _____

Ink: \$ _____

Typesetting: \$ _____

Binding: \$ _____

Padding: \$ _____

Boxes: \$ _____

Final Total: \$ _____