

CRAVEN COUNTY SCHOOLS PRINT SHOP REQUEST

School/Dept.:	Quantity	Description/Title of Document	1 or 2 Sides	Pricing
Name:				
Date: Phone:				
Date Needed:				
Dept. Code:				
(For Print Shop Use)				
Received By:	Date:			
Completed By:	Date:		20%	
Notes:			Total \$	

This form must be filled out thoroughly, authorized, and signed by Principal or Supervisor. Please submit all documents "copy ready". You may also submit jobs via email to Paul Tingle or Ashley Whitford. All originals should be clear and legible for better quality printing. For NCR printing, do not use old NCR forms as your originals. A department code must be placed on this form if needed. Once this form has been authorized, we are not responsible for any mistakes, typos, or wrong information given to us. If mistakes are made on your part, you will be charged again for reprinting. Thank you for your cooperation.

Authorized By: _____ (Principal, Supervisor, or Secretary) Date: _____

Received By: _____ (Principal, Supervisor, or Secretary) Date: _____



Paper Color	Paper Size	Paper Weight	Envelopes	NCR Paper	POSTERS	Binding	
1.	<input type="checkbox"/> 8.5x11	<input type="checkbox"/> 20 # Plain	<input type="checkbox"/> # 9 Regular	<input type="checkbox"/> 2 Part	<input type="checkbox"/> 16x20	<input type="checkbox"/> Stapling	
2.	<input type="checkbox"/> 8.5x14	<input type="checkbox"/> 70 # Newsletter	<input type="checkbox"/> # 9 Window	<input type="checkbox"/> 3 Part	<input type="checkbox"/> 18x24	<input type="checkbox"/> Two on Side	
3.	<input type="checkbox"/> 11x17	<input type="checkbox"/> 65 # Cover	<input type="checkbox"/> # 10 Regular	<input type="checkbox"/> 4 Part	<input type="checkbox"/> 24x36	<input type="checkbox"/> Upper Left	
4.	<input type="checkbox"/> 12x18	<input type="checkbox"/> 90 # Index	<input type="checkbox"/> # 10 Window	<input type="checkbox"/> 5 Part	<input type="checkbox"/> Laminating		
Folding		Cutting		Business Cards		<input type="checkbox"/> Plastic Comb	<input type="checkbox"/> Plastic Coil
<input type="checkbox"/> Half Fold	<input type="checkbox"/> Tri-Fold	<input type="checkbox"/> Half <input type="checkbox"/> Quarter		Name: _____ School: _____ Title: _____ Phone #: _____ Fax #: _____ Cell #: (Optional) _____ Address: _____ Email: _____			
<input type="checkbox"/> Z-Fold	<input type="checkbox"/> Double Parallel					<input type="checkbox"/> Perfect Bind	<input type="checkbox"/> Saddle Stitch
Hole Punching		Special Instructions:					
<input type="checkbox"/> Calendar <input type="checkbox"/> 2 Left <input type="checkbox"/> 3 Left							