EL MONTE UNION HIGH SCHOOL DISTRICT

PRINTSHOP ORDER FORM

PRINTSHOP USE ONLY
Rec.

Date_____

The following printed materials are needed at:_____
Department or Organization

Site/School: _____ Date needed by: _____

Ordered from: DISTRICT PRINTSHOP

Ordered by: _____ *(Person making request)*

Approved by: _____ *(Department head)*

Approved by: _____ *(Principal)*

REQUEST FOR PRINTING

[Please attach sample]

Quantity	Description	Special Instructions	PRINTSHOP USE ONLY Job No.	Price
	Please call if estimate is needed			

REQUEST FOR COPIES

Account Strand (Fund - Resource - Goal - Function - Object - Location) Amount:

_____ _____

Quantity needed: _____ Date needed: _____

No. of originals: _____ Color of paper: _____

SIZE: 8½x 11 ___ 8½x 14 ___ 11 x 17 ___

1-Sided: _____ 2-Sided: _____

Collated: _____ Stapled: _____

Cover: _____ Inserts: _____

Plastic Binding: _____ Book Binding: _____

PLEASE SEND **ALL** COPIES. CUSTOMER COPIES WILL BE RETURNED UPON COMPLETION OF JOB.

PRINTSHOP USE ONLY

TOTAL $