

(District schools/departments must submit orders through Print Shop Pro WebDesk)

Charter School/Organization \_\_\_\_\_

Date Submitted \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Needed \_\_\_\_/\_\_\_\_/\_\_\_\_  
(If no date given, 2 week date applied during season)

Pony (if provided)

Customer will Pick-Up

Contact Person \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

E-mail address: \_\_\_\_\_

Authorized Signature for Order \_\_\_\_\_

Upon receipt of order and invoice, please submit your check for payment to St. Lucie County School Board, Publications Center, 4204 Okeechobee Rd., Fort Pierce, FL 34947 (Account #7910R0000-3481-0505-00000-00000)

**Complete ONE request for each document ordered.**

Job Description: \_\_\_\_\_

Graphics Work/Typesetting Required

Number of Copies:

<p><b>#1 FINISHED SIZE:</b></p> <p><input type="checkbox"/> 4.25 x 5.5      <input type="checkbox"/> 5.5 x 8.5  <input type="checkbox"/> 8.5 x 11      <input type="checkbox"/> 8.5 x 14  <input type="checkbox"/> 11 x 17  <input type="checkbox"/> Other Size _____</p> <p><input type="checkbox"/> Collate      <input type="checkbox"/> Do Not Collate</p> <p><input type="checkbox"/> Envelope Size _____ (Skip to #5)</p> <p><input type="checkbox"/> Label Size _____ (Skip to #6)</p> <p><input type="checkbox"/> Carbonless (NCR)--(Skip to #4)</p>	<p><b>#2</b> Do you want Front Cover? <input type="checkbox"/> Yes <input type="checkbox"/> No    <input type="checkbox"/> 1 Sided <input type="checkbox"/> 2 Sided  Do you want Back Cover? <input type="checkbox"/> Yes <input type="checkbox"/> No    <input type="checkbox"/> 1 Sided <input type="checkbox"/> 2 Sided  Use same stock for Front and Back Covers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>COVER (CARD STOCK) SELECTION:</b></p> <p><b>Brights:</b> <input type="checkbox"/> Red <input type="checkbox"/> Blue <input type="checkbox"/> Teal <input type="checkbox"/> Orange <input type="checkbox"/> Yellow <input type="checkbox"/> Purple <input type="checkbox"/> Dk Green <input type="checkbox"/> Green <input type="checkbox"/> Fuchsia <input type="checkbox"/> Black</p> <p><b>Pastels:</b> <input type="checkbox"/> Orchid <input type="checkbox"/> Gold <input type="checkbox"/> Pink <input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Cream <input type="checkbox"/> Blue <input type="checkbox"/> Gray <input type="checkbox"/> White <input type="checkbox"/> White Glossy</p> <p><b>Other:</b> <input type="checkbox"/> Parchment <input type="checkbox"/> Blue <input type="checkbox"/> Gray <input type="checkbox"/> Gold <input type="checkbox"/> Natural <input type="checkbox"/> White <input type="checkbox"/> Linen <input type="checkbox"/> Ivory <input type="checkbox"/> White <input type="checkbox"/> Laid <input type="checkbox"/> Ivory <input type="checkbox"/> White <input type="checkbox"/> Heather Green</p>	<p><b>COVER INK COLOR:</b></p> <p><input type="checkbox"/> Color  <input type="checkbox"/> Black/White</p> <p>SPECIAL INSTRUCTIONS:  _____  _____  _____</p>
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<p><b>#3 TEXT SHEET SELECTION:</b> 1 Sided <input type="checkbox"/> 2 Sided <input type="checkbox"/> Mixed <input type="checkbox"/></p> <p><b>Brights:</b> <input type="checkbox"/> Red <input type="checkbox"/> Blue <input type="checkbox"/> Teal <input type="checkbox"/> Orange <input type="checkbox"/> Yellow <input type="checkbox"/> Purple <input type="checkbox"/> Dk Green <input type="checkbox"/> Green <input type="checkbox"/> Fuchsia</p> <p><b>Pastels:</b> <input type="checkbox"/> Orchid <input type="checkbox"/> Gold <input type="checkbox"/> Pink <input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Cream <input type="checkbox"/> Blue <input type="checkbox"/> Gray <input type="checkbox"/> White <input type="checkbox"/> White Glossy</p> <p><b>Other:</b> <input type="checkbox"/> Parchment <input type="checkbox"/> Blue <input type="checkbox"/> Gray <input type="checkbox"/> Gold <input type="checkbox"/> Natural <input type="checkbox"/> White <input type="checkbox"/> Linen <input type="checkbox"/> Ivory <input type="checkbox"/> White <input type="checkbox"/> Laid <input type="checkbox"/> Ivory <input type="checkbox"/> White <input type="checkbox"/> Heather Green <input type="checkbox"/> Gray</p> <p>Other: _____</p>	<p><b>TEXT INK COLOR:</b></p> <p><input type="checkbox"/> Color (all pages)  <input type="checkbox"/> Black/White (all pages)  <input type="checkbox"/> Black/White &amp; Color (mixed pages)</p> <p>SPECIAL INSTRUCTIONS:  _____  _____</p>	<p><b>#4 CARBONLESS (NCR):</b></p> <p>NCR: _____ Part  Black Ink Only  <input type="checkbox"/> 1 Sided <input type="checkbox"/> 2 Sided  <input type="checkbox"/> 4.25x5.5    <input type="checkbox"/> 8.5x5.5  <input type="checkbox"/> 8.5x11      <input type="checkbox"/> 8.5.x14  <input type="checkbox"/> Other Size: _____  Complete #7 for binding options</p>	<p><b>#5 ENVELOPES:</b></p> <p>Paper Color: _____ Ink Colors: _____  1. _____</p> <p>Style:  <input type="checkbox"/> Parchment 2. _____  <input type="checkbox"/> Linen  <input type="checkbox"/> Laid 3. _____  <input type="checkbox"/> Regular  <input type="checkbox"/> Window  Other: _____</p>
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<p><b>#6 LABELS:</b></p> <p>Label Size Each (White):  _____  _____</p> <p>Ink Colors:  _____  _____  _____</p>	<p><b>#7 BINDING (check all that apply):</b></p> <p><input type="checkbox"/> Staple: <input type="checkbox"/> 1 Top Left <input type="checkbox"/> 2 Side <input type="checkbox"/> Saddle Stitch</p> <p><input type="checkbox"/> Glue: <input type="checkbox"/> Top <input type="checkbox"/> Side</p> <p><input type="checkbox"/> Tape: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Red</p> <p><input type="checkbox"/> Comb: <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Maroon <input type="checkbox"/> Green <input type="checkbox"/> White</p> <p><input type="checkbox"/> Coil: <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Clear <input type="checkbox"/> Red</p> <p><input type="checkbox"/> Laminate</p> <p><input type="checkbox"/> Fold: <input type="checkbox"/> Half <input type="checkbox"/> Address <input type="checkbox"/> Z-Fold <input type="checkbox"/> Tri-Fold</p> <p><input type="checkbox"/> Hole Punch: <input type="checkbox"/> 1 <input type="checkbox"/> 2 Top <input type="checkbox"/> 2 Side <input type="checkbox"/> 3 Side</p> <p><input type="checkbox"/> Create Note Pads</p> <p>Number of Note Pads _____ (minimum order 16 pads)</p> <p>Number of Cuts:  <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other</p> <p>Special Instructions: _____  _____  _____</p>
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