

**INDEPENDENT SCHOOL DISTRICT NO. 1 PRINT SHOP
PRINTING REQUEST FORM
GUIDELINES**

- *Timing: 48 hours for copies.*
- **Allow 2 weeks for Binding, Folding, NCR Forms, Padding....etc.**
- Please specify date needed (Not ASAP)

SCHOOL/DELIVERY LOCATION _____

ACCOUNT CODE TO CHARGE _____

DOCUMENT NAME _____

DATE NEEDED _____

PRINTING INSTRUCTIONS

NO. OF ORIGINALS SENT
(Each side counts as an original)

SINGLE SIDE

NO. OF COPIES NEEDED

DOUBLE SIDE
(DUPLEX)

20 LB. BOND PAPER

- WHITE 20LB BOND
- COLORED 20LB BOND
- STATE COLOR

SPECIAL PAPER

- COLOR
- TYPE CONSTRUCTION
- ASTROBRIGHT BOND
- COVER STOCK
- ASTROPARCHE
- NCR (CARBONLESS), **2-part** or **3-part**
- OTHER Sizes, **8-1/2 x 14** or **11 x 17**

EXTRA WORK REQUESTED

- | | | |
|---------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> COLLATE | <input type="checkbox"/> CUT | <input type="checkbox"/> PLASTIC COMB BINDING (GBC) |
| <input type="checkbox"/> STAPLE | <input type="checkbox"/> PAD (GLUE) | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> 3-HOLE PUNCH | <input type="checkbox"/> FOLD | |

OTHER INSTRUCTIONS: _____

I am aware of District copyright policy and feel this request meets the guidelines.

REQUESTED BY: _____ DATE _____

Principal Authorization _____

Please complete this form and attach with order. If printing out please send **2 COPIES of Print Request** with your order. If you would like to email your order please send to printshop@lewistonschools.net