



PRINTING REQUEST

Printing Services Use Only

INV.No.: _____

DOC No.: _____

Amt.: _____

Date: _____

Broward County Public Schools
 4200 N.W. 10 Avenue
 Room #118
 Oakland Park, FL 33309
 Phone (754) 321-4260
 Fax (754) 321-4269
 E-mail (Printing Services)

Printing Request No.: _____

Phone No.: _____

From: _____ / _____

School or Department Name (DO NOT Abbreviate)

Location Number

THIS REQUEST MUST BE ACCOMPANIED BY A SAMPLE OF ITEM(S) REQUESTED, EITHER IN PRINTED FORM OR IN DRAFT.

Title of Item: _____

Number Desired: _____

Date Desired: _____

INSTRUCTIONS: (please check and specify below)

New Form

Existing Form

Existing Form With Changes

Collate _____

Xerox Print One-sided Two-sided

Fold _____

Staple _____

Drill (2,3 hole etc.) _____

Pad _____

Plastic Binding / Color of Binders _____

White Paper Size _____ Weight _____

Color Paper Size _____ Weight _____ Color _____

Cover Stock Size _____ Weight _____ Color _____

Special Stock Size _____ Weight _____ Color _____

Index Size _____ White _____ Color _____

Carbonless/NCR Size _____ 2 part _____ 3 part _____ 4 part _____ 5 part _____

Type of stock furnished by customer _____

Ink Colors _____ P.M.S.# _____

Special Instructions _____

Cost Element	COST CENTER	WBS ELEMENT	INTERNAL ORDER
99102001			
	FUND	FUNCTIONAL AREA	GRANT

Budgetkeeper: _____ (Print Name) Approved by: _____ Principal/Department Head

Delivery: To whom? _____ Pony: _____ Will pick Up: _____ KCW Floor# _____ (If Applicable)

PLEASE RETURN THE PRINTING REQUEST TO PRINTING SERVICES