



PRINTING REQUEST

Broward County Public Schools
 2301 NW 26th Street
 Room #402
 Ft. Lauderdale, FL 33311
 Phone (754) 321-3350
 Fax (754) 321-3388
 E-mail (Printing Services)

Date: _____

Printing Request No.: _____

Phone No.: _____

From: _____
 (School or Department) (Location Number)

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

Title of Item: SILENCE HURTS POSTERS

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 _____

Check This Box ONLY If For Next Fiscal Year

Account Element						Center Element			
Fund	CL	Function	Object	PH	SO	Location	T	U	Activity

Requested by: _____ Approved by: _____
 Principal/Department Head

Delivery: To whom? _____ How? _____ KCW? _____ Floor# _____