Requisition for Printed Materials

Santa Barbara County Education Office
Susan C. Salcido, Superintendent

Print Shop
4400 Cathedral Oaks Road
Santa Barbara, California 93160-6307
(805) 964-4711 • FAX: (805) 964-3041

SCHOOL DISTRICTS will be invoiced.

SBCEO coding for school districts:

Fund	Resource	Proj. Yr.	Goal	Function	Object	School	Mgmt.	Unit
01	0000	0	0000	0000	8677	000	1950	1630

SBCEO program coding *(only)*:

Fund	Resource	Proj. Yr.	Goal	Function	Object	School	Mgmt.	Unit
01								

Requisition No. _____

Requester _____ Phone _____ Date Requested _____

District _____ School _____ Date Required _____

Printed forms

	Quantity
CA School Immunization Record *(preprinted; no charge)*	
Cumulative Record:	
FOLDERS, Elementary *(preprinted)*	
HEALTH INSERTS *(preprinted)*	
Please attach a sample of the following:	
Certificate of Promotion *(no charge)*	
" " " JACKET *(no charge)*	
Daily Attendance Record (pad of 50; half sheet)	
Emergency Care Permit and Health Card	
ENGLISH	
SPANISH	
Permanent Health Record	
Request for Cumulative Record Card	
SB County School Registration (pad of 50)	

Send this requisition to:

Reprographics
Santa Barbara County Education Office

Please allow at least three weeks for processing and delivery.

To be completed by Reprographics.

Date shipped _____

Preprinted quantity ordered x cost

Cumulative folders . _____ x 32 ¢ = $_____

Health inserts..... _____ x 44 ¢ = $_____

	Qty	x	No. of sides/ sheets	=	No./clicks	x	cost
iR110 charge:	_____	x	_____	=	_____	x	____¢ = $_____
Paper: _____	_____	x	_____	=	_____	x	____¢ = $_____
Cut:	_____	x	_____	=	_____	x	½ ¢ = $_____
Pad:	_____	x	_____	=	_____	x	____¢ = $_____
_____:	_____	x	_____	=	_____	x	____¢ = $_____
_____:	_____	x	_____	=	_____	x	____ = $_____
_____:	_____	x	_____	=	_____	x	____ = $_____

Total amount of costs = $_____

Stats: *(iR110)* _____

Distribution: *White* – Reprographics; *Canary* – Returned with completed material; *Pink* – Originator/hold copy