



Print Shop
 4400 Cathedral Oaks Road
 Santa Barbara, California 93160-6307
 (805) 964-4711 • FAX: (805) 964-4712

JOB NO. R - _____

Reprographics Order

Fund XX	Resource XXXX	Yr X	Goal XXXX	Function XXXX	Object XXXX	School XXX	Mgmt. XXXX	Unit XXXX	%
01					5730	000			
CDP-12					CDP-5753				

Order Title		Today
Contact Person	Phone	Date Due
Department / School / Agency		Time-Dated Material* <input type="checkbox"/>
Approval Signature (Program Administrator)		*Material that must be completed by a specific date.

Please fill in and mark all items that apply.

QUANTITY	COPIES	PAPER	SIZE
No. of COPIES (sets): _____	___ collated/ ___ non collated	20# White ___ Color _____	___ letter 8.5"x11"
No. of BUSINESS CARDS: _____	___ black/white copies	Other _____	___ legal 8.5"x14"
No. of NCR sets: _____	___ full color copies	Cover _____	___ tabloid 11"x17"
No. of PADS: _____	___ ink color(s): _____	___ include blank back cover	___ other _____
• Sheets per pad: _____	___ single sided		
• Sheet size: _____" by _____"	___ double sided		
No. of sides (originals) to be printed: _____	___ Head to head —	NCR	LAMINATION
	___ Head to foot —	___ 2-part ___ 3-part ___ 4-part	Qty: _____ sensitive originals (laminate copies)
	___ as is	___ 5-part ___ 6-part	SIZE: _____
PDF file name:	ENVELOPES	POSTERS	___ oversized
_____	___ #10 regular	___ color & b/w oversized printing	___ 1/2 sheet 6"x9"
(Send to printshop@sbceo.org)	___ #10 window	contact us for info about available sizes and materials	___ legal 8.5"x14"
Is this for a bulk mailing:	___ #9 (return)	TABS	___ letter (medium) ___ tabloid 11"x17"
___ Yes ___ No	___ other _____ enclose sample	___ tabs	___ letter (thick) ___ menu 12"x18"
		<i>Please provide information to be included on tabs.</i>	

FINISHING	CUT	COMB BIND	STAPLE	DRILL	FOLD	ADDITIONAL COMMENTS
	_____ " by _____ "					

Graphic Design / Desktop Publishing

To be completed by Reprographics

Instructions:

	Date completed	Amt of time	cost
GD:	_____	_____ hrs X _____	= \$ _____
		_____ hrs X _____	= \$ _____
		_____ hrs X _____	= \$ _____
DTP:	_____	_____ hrs X _____	= \$ _____
		_____ hrs X _____	= \$ _____
		_____ hrs X _____	= \$ _____

	Qty	No. of sides/ x sheets =	No./clicks	x cost
VP110:	_____	x _____ =	_____	x _____ ¢ = \$ _____
V-80 / Color:	_____	x _____ =	_____	x _____ ¢ = \$ _____
IPF8400:	_____	x _____ =	_____	x _____ ¢ = \$ _____
<i>paper / auxiliary:</i>	_____	x _____ =	_____	x _____ ¢ = \$ _____
	_____	x _____ =	_____	x _____ ¢ = \$ _____
	_____	x _____ =	_____	x _____ ¢ = \$ _____
	_____	x _____ =	_____	x _____ ¢ = \$ _____
	_____	x _____ =	_____	x _____ ¢ = \$ _____
	_____	x _____ =	_____	x _____ ¢ = \$ _____
	_____	x _____ =	_____	x _____ ¢ = \$ _____
Total Amount				= \$ _____

School District / School: 01-0000-0-0000-0000-8677-000-1090-0000	Send invoice to: (name / address)	Distribution: White - Reprographics Canary - Returned with Completed Material Pink - Originator/Hold Copy
Outside agency / cash: 01-0000-0-0000-0000-8689-000-1090-0000		