

SOLANO COUNTY OFFICE OF EDUCATION DUPLICATING REQUEST

TOTAL COST: _____

DATE REQUESTED: _____ DATE NEEDED: _____ REQUESTED BY: _____

DOCUMENT TITLE: _____ DEPT.: _____

OF PAGES IN ORIGINAL: _____ # OF COPIES NEEDED: _____ COLOR OF INK: _____

<u>TYPE OF PAPER (check one):</u>	<u>SIZE OF PAPER:</u>	<u>COLOR OF PAPER</u>	If NCR sets, # color order	# of Cases	# of Reams		
<input type="checkbox"/> COPY PAPER <input type="checkbox"/> LETTERHEAD: _____ 2 ND SHEETS: _____ <input type="checkbox"/> BOARD MEMBERS <input type="checkbox"/> W/O BOARD MEMBERS <input type="checkbox"/> CARDSTOCK <input type="checkbox"/> 28 LB. PRETTY PAPER <input type="checkbox"/> NCR – 2 <input type="checkbox"/> , 3 <input type="checkbox"/> , 4 <input type="checkbox"/> , PART <input type="checkbox"/> ENVELOPES: WINDOW _____ NON-WINDOW _____ <input type="checkbox"/> POSTER OR BANNER: (WHITE ONLY) <input type="checkbox"/> VINYL <input type="checkbox"/> COPY PAPER <input type="checkbox"/> PHOTO PAPER BUSINESS CARDS	<input type="checkbox"/> 8 ½" X 5 ½" <input type="checkbox"/> 8 ½" X 11" <input type="checkbox"/> 8 ½" X 14" <input type="checkbox"/> 11" X 17" Poster/Banner size: _____ X _____ Width Length (Up to 24 inches wide) <input type="checkbox"/> Inches <input type="checkbox"/> Feet	<input type="checkbox"/> WHITE					
		<input type="checkbox"/> BLUE					
		<input type="checkbox"/> PINK					
		<input type="checkbox"/> GREEN					
		<input type="checkbox"/> CANARY					
		<input type="checkbox"/> GOLDENROD					
		<input type="checkbox"/> BUFF					
		<input type="checkbox"/> LAVENDER					
		SPECIAL INSTRUCTIONS OR ADDITIONAL EXPLANATION (IF NECESSARY):					

Additional Options- Please check all that apply

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> COLLATE AND STAPLE | <input type="checkbox"/> FOLD | <input type="checkbox"/> CUT TO TOTAL _____ COPIES |
| <input type="checkbox"/> PAD _____ COPIES/SETS PER PAD | <input type="checkbox"/> 3-HOLE PUNCH | <input type="checkbox"/> BIND: VELO _____ SPIRAL _____ |
| <input type="checkbox"/> PRINT FRONT AND BACK | <input type="checkbox"/> GROMMETS | <input type="checkbox"/> LAMINATE |

BUDGET CODE: _____ AMOUNT: _____ and/or PERCENTAGE: _____

BUDGET CODE: _____ AMOUNT: _____ and/or PERCENTAGE: _____

BUDGET CODE: _____ AMOUNT: _____ and/or PERCENTAGE: _____

BUDGET CODE: _____ AMOUNT: _____ and/or PERCENTAGE: _____

(Please obtain all supervisors' signatures for the budget codes used.)

APPROVED: _____
SUPERVISOR

APPROVED: _____
SUPERVISOR

Thank you for your business!

Rev: 1/12/17