

Job Title: _____

Invoice #: _____
For Print Shop Use Only

SCHOOL DISTRICT of UNIVERSITY CITY

Print Shop Order Form

Print Shop: 314/290-4018

Email: jfehl@u-city.k12.mo.us

Located at Brittany Woods Middle School
8125 Groby Road, University City, MO 63130

Date Submitted: _____

Date Required: _____

Contact Name: _____

Phone/Extension: _____

Approved By (Signature): _____

Cost Center #: _____

All copyrighted material sent without proper authorization/permission will be returned UNCOPIED.

No. of Originals/Masters: _____ No. of Copies of each Master: _____ or Final Pieces: _____
(Each side is counted as one original master.)

Text/Paper Weight Cover Stock Color: _____

Size: Ltr (8 1/2 x 11) Lgl (8 1/2 x 14) Ldg (11 x 17) Other (Specify: _____)

Front Cover Color _____ Back Cover Color _____

Sided: One Two Combo (Specify: _____)

Staples: Single, upper left Two on left Other (Specify: _____)

Trim: 1/2 1/4 Other (Specify: _____) 3-hole Punch

Fold : 1/2 1/3 Letter 1/3 Z Other (Specify: _____)

Pads: 25 sheets 50 sheets Other (Specify: _____)

Other special instructions: _____

Billed Cost \$ _____

_____ shipped

_____ initials

Delivery: Will Pick Up Deliver to (Specify: _____)