SCHOOL DISTRICT of UNIVERSITY CITY - Communications and Community Outreach

Print Shop Order Form

314/290-4001 • communications@ucityschools.org
8136 Groby Road, University City, MO 63130

Contact Name: __________________________________________ Phone/Extension: __________________
Location: __________________________________________ Email: __________________
Approved By (Signature Required): ____________________ Cost Center #: __________________

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

Digital Printing: ❑ Black/Greyscale ❑ Color ❑ Color Laser (in CCO)

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

Size: ❑ Ltr (8 1/2 x 11) ❑ Lgl (8 1/2 x 14) ❑ Ldg (11 x 17) ❑ Other (Specify: ____________________________ )
(Note: Posters are typically Ldg size. Paper banners 12x40 are printed in Communications office.)

Stock: ❑ Text ❑ Cover ❑ Other _____________ Paper Color: __________________
Sided: ❑ One ❑ Two ❑ Combo (Specify: _____________________________)
❑ Front Cover: Stock _______________ Color _______________ ❑ Outside Only ❑ Inside Only ❑ Both
❑ Back Cover: Stock _______________ Color _______________ ❑ Outside Only ❑ Inside Only ❑ Both

Staples: ❑ Upper left ❑ Two on left ❑ Saddle-stitch ❑ Other (Specify: _____________________________)
Trim: ❑ 1/2 ❑ 1/4 ❑ Other (Specify: _____________________________) ❑ 3-hole Punch
Fold: ❑ 1/2 ❑ 1/3 Letter ❑ 1/3 Z ❑ Other (Specify: _____________________________) ❑ Score

Other special instructions: ___________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

❑ Wednesday Backpack must be preapproved by CCO

Delivery: ❑ Will Pick Up in McNair Communications Office ❑ Deliver to (Specify: _____________________________)

Specify Quantities below locations: ECEC BCJ FP JP PER BW HS LLC AEL McN PublicLib CentComm

Billed Cost $ ____________________
__________________________ ____________
shipped initials

*For Print Shop Use Only*