



4400 Cathedral Oaks Road
 P.O. Box 6307
 Santa Barbara, California 93160-6307
 Direct Dial: 964-4710, ext. 5240
 (805) 964-4711 • FAX: (805) 964-4712

Reprographics Order

| Fund XX | Resource XXXX | Proj.Yr. X | Goal XXXX | Function XXXX | Object XXXX | School XXX | Mgmt. XXXX | Unit XXXX | % |
|--------------|------------------|---------------|--------------|------------------|----------------------|---------------|---------------|--------------|---|
| 01 | | | | | 5730 | 000 | | | |
| (CDP: 12) | | | | | (Child Dev: 5753) | | | | |

JOB NO. R - _____

| | | |
|--|--|---|
| Order Title | | Today |
| Contact Person | | Phone |
| Department / School / Agency | | Date Due |
| Approval Signature (Program Administrator) | | Time-Dated Material* <input type="checkbox"/> |
| | | *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 | _____ | ___ tabloid 11"x17" |
| No. of PADS: _____ | ___ ink color(s): _____ | Cover _____ | ___ other _____ |
| • Sheets per pad: _____ | ___ single sided | ___ include blank back cover | |
| • 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 | ___ 1/2 sheet 6"x9" ___ legal 8.5"x14" |
| _____ | ___ #10 regular | ___ large (2' x 3') | ___ letter (medium) ___ tabloid 11"x17" |
| (Send to printshop@sbceo.org) | ___ #10 window | ___ small (2' x 1.5') | ___ letter (thick) ___ menu 12"x18" |
| Is this for a bulk mailing: | ___ #9 (return) | ___ tabs | |
| ___ Yes ___ No | ___ other _____ enclose sample | 5th cut only | |
| | | Please provide information to be included on tabs. | |

| FINISHING | CUT | COMB BIND | STAPLE | DRILL | FOLD | ADDITIONAL COMMENTS |
|-----------|-------------------|-----------|--------|----------------|---------------------------------------|---------------------|
| | _____ " by _____" | | | enclose sample | Text OUT Text IN enclose sample | |

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 |
|---------------------------|-------|-----------------------------|------------|---------------------|
| iR110: | _____ | x _____ | = _____ | x _____¢ = \$ _____ |
| Color copier: | _____ | x _____ | = _____ | x _____¢ = \$ _____ |
| Press: | _____ | x _____ | = _____ | x _____¢ = \$ _____ |
| <i>paper / auxiliary:</i> | _____ | x _____ | = _____ | x _____¢ = \$ _____ |
| | _____ | x _____ | = _____ | x _____¢ = \$ _____ |
| | _____ | x _____ | = _____ | x _____¢ = \$ _____ |
| | _____ | x _____ | = _____ | x _____¢ = \$ _____ |
| | _____ | x _____ | = _____ | x _____¢ = \$ _____ |
| | _____ | x _____ | = _____ | x _____¢ = \$ _____ |
| | _____ | x _____ | = _____ | x _____¢ = \$ _____ |
| | _____ | x _____ | = _____ | x _____¢ = \$ _____ |
| Total Amount | | | | = \$ _____ |

| | | |
|--|---|---|
| School District / School: 01-0000-0-0000-0000-8677-000-1950-1630 | Send invoice to: (name / address) | Distribution: White - Reprographics Canary - Returned with Completed Material Pink - Originator/Hold Copy |
| Outside agency / cash: 01-0000-0-0000-0000-8689-000-1950-1630 | | R-1 REV 10/10 |