



PRINTING REQUEST

EUGENE BRUCKER EDUCATION CENTER • ANNEX 5, 4100 NORMAL STREET, SAN DIEGO, CA 92103 • (619) 725-7446 • E-mail pservice@sandi.net

Originator _____

Telephone _____

Department _____

Location/Room No. _____

Budget No. _____

Date Prepared _____

Date/Time Needed _____

JOB COST

SPECIAL INSTRUCTIONS

Identifying Title _____

Quantity To Print _____

Enlarge To _____

2 Hole Punch

No. of Originals _____

Reduce To _____

3 Hole Punch

One side Two side

Paper Color/Size _____

Saddle Stitch

Print Head/Head Head/Foot

NCR: 2 part 3 part

Coil Bind

4 part

Ink Color _____

Fold _____ Fold in half

Tab Dividers

Collate Only

_____ letter fold

5 Position Tab

Full Color

Collate/Staple

Envelope Processing

Envelope type #10

Sealed

Pad 25 50

other _____

Un-sealed

100 _____

of page inserts _____

[] District's Print Shop has declined this Printing Request for the following reason(s):

By: _____ Date: _____

(Print Name)

REQUESTER: ATTACH THIS FORM TO YOUR REQUISITION TO PROCESS WITH AN OUTSIDE VENDOR