		For Print Shop Time				JOB # (Office Use Only)	
ISD Printin	I G Services SIONS TO IMPROVE EDUCATI	-					
te: Du	le Date:	Contact Person (Print)			Telephone #		
Descriptive Name for This Print Job Dept./Div. N		Dept./Div. Mgr. Signat	Igr. Signature		E-mail		
g # Depa	Department/School		Route	Route Only ONE job per Print Request form. Keep your numbered for reference. Attach the original artwork, sample copies or notes to the of this form. You must fill ALL applicable information in this first sect		sample copies or notes to the BA	
AUTHORIZED SIGNA	TURE OF FUND APP					PRIOR TO PRODUCTION	
Fund		G/L Account/Comme	nt item/Obje	ct Codes	Cost Center/Fund C		
		6 2 9 9 0	1 0 0	0 0			
Functional Area			Print Sl	hop Use Onl	y One Source		
			\$				
Acknowledgeme	nt: I have checked w	vith my division budget		or otherwis	e verified that fund	ls are available and 🛛	
that the above bu	udget numbers are ad					ds are available and \subseteq	
		JOB DES	CRIPTIC	N			
How many copies of		One completed copy of yo			Image:		
our job do you want rinted?	jc	bb,after printing, will con ow many sheets?			O 1-sided	O 2-sided	
					Finishing Instruc O Fold	ctions: O Die Cut	
Finished Job Size: $\bigcirc 4\frac{1}{4}$ " x 5 ¹ /2"	Specify Pa O Copy be		Hole		O Fold O Score	O Die Cut O Emboss Blind	
O 5½"x 8½"		copy bond 28#	11010		O Saddle Stitch		
O 8½ x 8½ O 8½"x 11"			0# 0 + 0	4	O DrillH		
O 8½ x 11 O 8½"x 14"	O Text O Uncoate	0 8 0 0			O GBC Bind	O Coil Bind	
O 11" x 17"			Gloss O Silk		O Staple 1 or 2	O Hand Insert #	
Other	O Cover	O 8			O Laminate	O Collate	
O New Job	O Uncoate	ed 0 (Gloss O Silk		O Perforate	O Foil Stamp	
○ New Job ○ Typeset/Design	O Clear ad	cetate OC	Carbonless 2-	Part	O Tabs	5)	
O Exact Rerun			Carbonless 2-			#)	
O Repeat w/changes		O Index- Card StockO Carbonless 9 Part			O Other Padding: O Top	O Side	
(see sample)	O Label	0 0	Carbonless 5-			\bigcirc 51de \bigcirc 50 \bigcirc 100	
○ File provided	O Envelop					ler	
O Email O Disk	Specify Pape	er Color:			Posters : O Print	O Mount	
O Other O Sample provided	Specify Ink (Color: O Blue O	Black			Other	
○ Sample provided Scan copy		O Other			O Yard Signs C		
	FOR PRINT S	HOP USE ONLY			Packaging:		
Raceine J 1					O Band O Other	O Shrink Wrap	
Received by		e #					
Date						YINSTRUCTIONS	
Total Price		ce #			O Customer Pick O Delivery	w oh	
\$	Notes	3					
eceived By rint Name)		Date _			·		
. Signature verifies that all requirement	nts concerning copyright restriction				ial.		
. HISD Printing Services may refuse t	to accept a printing/copying order	if, in its judgement, fulfillment of the o			nt law.	Daylad D D	
	tment Item				Total Cost	Parked By Released I	
5 8 2 0 5 7	5 4 0 0	0 0 0 7 5 2	0 0 0	000	0		