

# District 150 Print Shop Order

**For :**

\_\_\_\_\_  
Name School or Building

\_\_\_\_\_  
Phone # Date Ordered Date Needed

\_\_\_\_\_  
Number of Originals Number of copies of each original

**INSTRUCTIONS**

- One sided
- Two sided
- Collated
- Single staple/upper left
- Double staple/left side
- Cover-front only
- Cover-front/back

**PAPER**

- White
- Color (extra cost)  
specify : \_\_\_\_\_

Office use Only	
Total of copies	Total Charge

***Please attach this form  
to originals and send  
to Print Shop.***

***Editing of originals  
must be done  
prior to submission  
to Print Shop.***

***Special Instructions :*** \_\_\_\_\_

\_\_\_\_\_

Acct # \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_