SANTA BARBARA County Education Office
William J. Cirone, Superintendent

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

click to send form to the printshop

Reprographics Order

JOB NO. R – _____

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

Order Title | **Today**

Contact Person | **Phone** | **Date Due**

Department / School / Agency

Approval Signature
(Program Administrator)

Time-Dated Material* ☐
*Material that **must** be completed by a specific date.

Please fill in and mark all items that apply.

QUANTITY

No. of COPIES (sets): _____

No. of BUSINESS CARDS: _____

No. of NCR sets: _____

No. of PADS: _____
- Sheets per pad: _____
- Sheet size: _____" by _____"

No. of sides *(originals)* to be printed: _____

PDF file name:

_____
(Send to printshop@sbceo.org)

Is this for a bulk mailing:
__ Yes __ No

COPIES

___ collated/ ___ non collated
___ black/white copies
___ full color copies
___ ink color(s): _____
___ single sided
___ double sided
___ Head to **head** —
___ Head to **foot** —
___ as is

PAPER

20# White ____ Color_____
Other _____
_____
Cover_____
__ include blank back cover

SIZE

___ letter 8.5"x11"
___ legal 8.5"x14"
___ tabloid 11"x17"
___ other _____
_____

NCR

__2-part __3-part __4-part
__5-part __6-part

LAMINATION

Qty:_____ ___ sensitive originals (laminate copies)

SIZE:
___ 1/2 sheet 6"x9" ___ legal 8.5"x14"
___ letter (medium) ___ tabloid11"x17"
___ letter (thick) ___ menu 12"x18"

ENVELOPES

___ #10 regular
___ #10 window
___ #9 (return)
___ other_____
enclose sample

POSTERS

___ large (2' x 3')
___ small (2' x 1.5')

TABS

___ tabs
Please provide information to be included on tabs.
5th cut only

FINISHING

CUT	COMB BIND	STAPLE	DRILL	FOLD	ADDITIONAL COMMENTS
_____" by _____"			*enclose sample*	___ Text OUT ___ Text IN *enclose sample*	

Graphic Design / Desktop Publishing

Instructions:

	Date completed	Amt of time	cost
GD:	_____	_____ hrs x _____	= $_____
		_____ hrs x _____	= $_____
		_____ hrs x _____	= $_____
DTP:	_____	_____ hrs x _____	= $_____
		_____ hrs x _____	= $_____
		_____ hrs x _____	= $_____

To be completed by Reprographics

Date shipped _____

	Qty	x No. of sides/ sheets	= No./clicks	x cost	
iR110:	_____	x _____	= _____	x _____¢	= $_____
Color copier:	_____	x _____	= _____	x _____¢	= $_____
Press:	_____	x _____	= _____	x _____¢	= $_____
paper / auxiliary:					
_____:	_____	x _____	= _____	x _____¢	= $_____
_____:	_____	x _____	= _____	x _____¢	= $_____
_____:	_____	x _____	= _____	x _____¢	= $_____
_____:	_____	x _____	= _____	x _____¢	= $_____
_____:	_____	x _____	= _____	x _____¢	= $_____

Total Amount = $_____

___ **School District / School:**
01-0000-0-0000-0000-8677-000-1950-1630

___ **Outside agency / cash:**
01-0000-0-0000-0000-8689-000-1950-1630

Send invoice to: _____
(name / address) _____
_____
_____

Distribution:
White - Reprographics
Canary - Returned with Completed Material
Pink - Originator/Hold Copy

R-1 REV 10/10