



Madera Unified Print Shop Work Request Slip

1205 Madera Ave, Madera, CA 93637

Call us at **675-4406** or email us at **printshopstaff@maderausd.org**

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WHAT ACCOUNT OR PSEUDO NUMBER WILL BE USED FOR THIS JOB?

MUST BE PROVIDED BEFORE COMPLETION OF REQUEST

PSEUDO NUMBER

ACCOUNT NUMBER

School/Dept. _____ Admin. Approval _____

Your Name _____ Date (Today's) _____ Date (Needed) _____

Phone (Required) _____ Email _____

Name of Item _____ Number of Originals _____ Number of Copies Needed _____

Paper Size _____ Color Copies? Yes _____ No _____ 2 sided? Yes _____ No _____

Color of Paper _____ Cut to _____

Cover Stock _____ Pad in _____'s

Collate _____ Comb Bind _____

Group _____ Tape Bind _____

Staple (upper left) _____ Booklet _____

Staple (2 down side) _____ Tabs _____

3-Hole Punch _____ Page #'s _____

Special Instructions: _____

CARBONLESS (NCR) FORMS - CHECK ONE

<input type="checkbox"/> 2 part	<input type="checkbox"/> 3 part	<input type="checkbox"/> 4 part
White	White	White
Yellow	Yellow	Yellow
	Pink	Pink
		Goldenrod

FULL COLOR POSTERS - CHECK ONE

<input type="checkbox"/> 11x17 28# Laser	<input type="checkbox"/> 11x17 90# Index
<input type="checkbox"/> 18x24 24# Matte	<input type="checkbox"/> 24x36 24# Matte

Size (Max 36" Wide) _____ X _____

Print Shop Use Only

Date _____

B/W Imp _____ X \$ _____ = \$ _____

Color Imp _____ X \$ _____ = \$ _____

Paper (sheet) _____ X \$ _____ = \$ _____

Tabs (bank) _____ X \$ _____ = \$ _____

Binding _____ X \$ _____ = \$ _____

Add'l Services _____ X \$ _____ = \$ _____

Total Imp _____ Total Cost \$ _____