

**LOMPOC UNIFIED SCHOOL DISTRICT  
REQUEST FOR FORMS**

DATE SUBMITTED \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

NAME OF FORM \_\_\_\_\_ FORM NUMBER \_\_\_\_\_

QUANTITY REQUESTED \_\_\_\_\_ DATE REQUIRED \_\_\_\_\_

DO NOT USE "ASAP"

PAPER: Size _____ Weight _____ Color _____	COLLATED	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	STAPLED	<input type="checkbox"/> with 1	<input type="checkbox"/> with 2
	PADDED	<input type="checkbox"/> in 100's	<input type="checkbox"/> in 50's
PRINTED BOTH SIDES <input type="checkbox"/> Yes <input type="checkbox"/> No	HOLES PUNCHED	<input type="checkbox"/> 2 holes	<input type="checkbox"/> 3 holes

OTHER INSTRUCTIONS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BUDGET NUMBER \_\_\_\_\_

DELIVER TO \_\_\_\_\_

SCHOOL/DEPARTMENT \_\_\_\_\_

APPROVED \_\_\_\_\_

Principal or Department Head

EXPLANATION OF FORM: This form is to be used when an original is already on file in the Printing Department and more copies are needed. **If possible, please attach a copy of the material being ordered.** For a new form or a revision of an existing form, please use Form number D-13, REQUEST FOR PRINTING.

FOR PRINTING DEPARTMENT USE DO NOT WRITE BELOW THIS LINE

PRODUCT CODE \_\_\_\_\_  
 MASTERS \_\_\_\_\_ @ \_\_\_\_\_ \$ \_\_\_\_\_  
 PAPER \_\_\_\_\_ @ \_\_\_\_\_ \$ \_\_\_\_\_  
 PAPER \_\_\_\_\_ @ \_\_\_\_\_ \$ \_\_\_\_\_  
 LABOR \_\_\_\_\_ @ \_\_\_\_\_ \$ \_\_\_\_\_  
 OTHER CHARGES \_\_\_\_\_ \$ \_\_\_\_\_  
 TOTAL \$ \_\_\_\_\_

PRINTED \_\_\_\_\_  
 DATE \_\_\_\_\_ OPERATOR \_\_\_\_\_  
 DELIVERED \_\_\_\_\_  
 DATE \_\_\_\_\_  
 BILLED \_\_\_\_\_  
 DATE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_