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 __________________________ COLLATED □ Yes □ No
Weight __________________________ STAPLED □ with 1 □ with 2
Color __________________________ PADDED □ in 100's □ in 50's
PRINTED BOTH SIDES □ Yes □ No HOLES PUNCHED □ 2 holes □ 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 __________________________ PRINTED __________________________ DATE OPERATOR __________________________
Masters □ @ □ $ __________________________
Paper □ @ □ $ __________________________
Paper □ @ □ $ __________________________
Labor □ @ □ $ __________________________
Other Charges □ $ __________________________

TOTAL $ __________________________

DELIVERED __________________________ DATE __________________________

BILLED __________________________ DATE __________________________ SUPERVISOR __________________________

D-39 Revised 2/89