



Account Manager
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Kansas City Public Schools



Account Number (must be a valid 17 digit acct#) Date in Time In Date Due Date Shipped Job Number

Customer Name School and Department Number Customer Phone Number

Customer E-Mail Job Provided Via

Ship to: Attention Ship to School Hard Copy Address Digital Media City, State, Zip E-Mail

Project Information

Commodity Form # _____

<u>Originals Information</u>	<u>Finished Size</u>	<u>Finished Category</u>	<u>Finishing</u>	<u>Finished Paper</u>
# of Originals _____	Letter - 8.5x11	B/W	Single Sided	20 lb
# of Copies Needed _____	Legal - 8.5x14	Color	Double Sided	24 lb
Single Sided	Ledger - 11x17	Mixed B/W/Color	Collated	Cardstock
Double Sided	Large Format		Uncollated	Tabs
	Size _____	<u>Certificate</u>	Full Bleed	Transparencies
<u>Originals Catagory</u>		Blue Fancy		Lables
B/W	<u>Postcard</u>	Red Fancy		NCR
Color	3 1/2 x 5	Brown Fancy		# of parts _____
Mixed B/W/Color	4 1/4 x 6	Green Fancy		Color _____
		Gold Fancy		

<u>Envelopes min 1,000</u>	<u>LetterHead min 500</u>
#10 Reg White Qty: _____	District
#10 Window White Qty: _____	1st Sheet _____
#9 Return White Qty: _____	2nd Sheet _____
Special Envelope Qty: _____	School
Type _____	1st Sheet _____
	2nd Sheet _____

<u>Staples</u>	<u>Folding</u>
Upper Left	Half Fold
Upper Right	Tri Fold
Booklet	Other
Hand Placement	
Double Left	

<u>Drill</u>	<u>Cutting</u>
3 Hole Left	Size _____ x _____
2 Hole Top	Number of cuts _____

<u>Lamination</u>	<u>Binding</u>	
Letter - 8.5x11	Plastic Coil Qty: _____	
Legal - 8.5x14	Plastic Comb Qty: _____	Requisitioned By: _____ Date: _____
Ledger - 11x17		Approved By: _____ Date: _____
Large Format		
Size _____		

<u>Padding</u>	<u>Shrink Wrap</u>	Y	N	Received By: _____	Date: _____
# of Pads _____					
Sheet Per Pad _____					

Business Card 250min 500 1,000

KANSAS CITY
PUBLIC SCHOOLS

Phone: _____	Address _____
Cell: _____	Address _____
Fax: _____	Address _____

www.kcpublicschools.org

Additional Order Notes - Job Description