



VICTOR VALLEY UNION HIGH SCHOOL DISTRICT

PRINTING ORDER

SCHOOL/DEPT: \_\_\_\_\_ STOCK#: \_\_\_\_\_ DATE: \_\_\_\_\_

Quantity Wanted	Unit	Description	Paper		Collate	Copy Attcht	Date Wanted
			Wght	Color			

Other Requirements: \_\_\_\_\_

Ordered By: \_\_\_\_\_ Approved By: \_\_\_\_\_

Budget #: \_\_\_\_\_ D.O. Approval: \_\_\_\_\_

For Billing:	Quantity	Cost	Amount	Date Printer Rcvd:	_____
Paper	_____	_____	_____	Date Completed:	_____
Other	_____	_____	_____	Whse Rcvd:	_____
Time	Hrs _____ Min _____	_____	_____	Site Rcvd By:	_____
Tax	_____	_____	_____		_____
Total Charges	_____	_____	_____		