

School Building: _____

Dept./Grade: _____

Teacher First and Last Name: _____

(Please list all teachers if this is for a grade-level activity)

Teacher Email: _____ Teacher Phone: _____

Today's Date: _____ Date Needed: _____



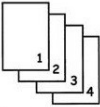
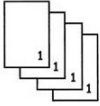
Please allow 15 schools days to complete a request. Large projects may experience a longer delay.

Maximum copy order: 150 Maximum laminating/cutting order: 35

Maximum card stock order: 35

Requests for special projects which exceed these numbers require prior approval.

Please email frontdesk@steilacoom.k12.wa.us PRIOR to forwarding materials.

# Needed <small>(Final # of Sets/Forms)</small>	Description <small>(Name of Document)</small>	Finished Size <small>(8.5x11 / 8.5x14 / 11x17)</small>	Paper Type Copy Paper Card Stock Envelope	Paper Color	Ink Color <small>(Black/Color)</small>
Total Number of Copies Requested					
Options					
<input type="checkbox"/> Collate  <input type="checkbox"/> Group 		<input type="checkbox"/> 1 Staple <input type="checkbox"/> 2 Staples <input type="checkbox"/> Run 1 sided – 1 sided <input type="checkbox"/> Run 1 sided – 2 sided <input type="checkbox"/> Run 2 sided – 1 sided <input type="checkbox"/> Run 2 sided – 2 sided <input type="checkbox"/> 3 Hole Punch		<input type="checkbox"/> Booklets <input type="checkbox"/> Cut <input type="checkbox"/> Fold <input type="checkbox"/> Laminate	
Special Instruction <small>(Delivery Info, Covers, Other):</small>					

Job Completed By: _____

Date: _____

Job Observed By: _____

Date: _____