



Print Shop
 4400 Cathedral Oaks Road
 Santa Barbara, California 93160-6307
 (805) 964-4711 • FAX: (805) 964-4712

Reprographics Order

Fund XX	Resource XXXX	Yr X	Goal XXXX	Function XXXX	Object XXXX	School XXX	Mgmt. XXXX	Unit XXXX	%
01					5730	000			
	CDP-12				CDP-5753				

JOB NO. R - _____

Order Title		Today
Contact Person	Phone	Date Due
Department / School / Agency		Time-Dated Material* <input type="checkbox"/>
Approval Signature (Program Administrator)		<i>*Material that must be completed by a specific date.</i>

Please fill in and mark all items that apply.

QUANTITY	COPIES	PAPER	SIZE
No. of COPIES (sets): _____	___ collated/ ___ non collated	20# White ___ Color _____	___ letter 8.5"x11"
No. of BUSINESS CARDS: _____	___ black/white copies	Other _____	___ legal 8.5"x14"
No. of NCR sets: _____	___ full color copies	Cover _____	___ tabloid 11"x17"
No. of PADS: _____	___ ink color(s): _____	___ include blank back cover	___ other _____
• Sheets per pad: _____	___ single sided		
• Sheet size: _____" by _____"	___ double sided		
No. of sides (originals) to be printed: _____	___ Head to head -	NCR	LAMINATION
	___ Head to foot -	___ 2-part ___ 3-part ___ 4-part	Qty: _____ sensitive originals (laminate copies)
	___ as is	___ 5-part ___ 6-part	SIZE: _____ oversized
PDF file name: _____	ENVELOPES	POSTERS	TABS
(Send to printshop@sbceo.org)	___ #10 regular	___ color & b/w oversized printing	___ tabs
Is this for a bulk mailing:	___ #10 window	contact us for info about available sizes and materials	<i>Please provide information to be included on tabs.</i>
___ Yes ___ No	___ #9 (return)		5 th cut only
	___ other _____ enclose sample		

FINISHING	CUT	COMB BIND	STAPLE	DRILL	FOLD	ADDITIONAL COMMENTS
	_____ " by _____ "			 enclose sample	 ___ Text OUT ___ Text IN enclose sample	

Graphic Design / Desktop Publishing *To be completed by Reprographics*

Instructions: <table border="0"> <tr> <td>Date completed</td> <td>Amt of time</td> <td>cost</td> </tr> <tr> <td>GD: _____</td> <td>_____ hrs X _____</td> <td>= \$ _____</td> </tr> <tr> <td>_____</td> <td>_____ hrs X _____</td> <td>= \$ _____</td> </tr> <tr> <td>_____</td> <td>_____ hrs X _____</td> <td>= \$ _____</td> </tr> <tr> <td>DTP: _____</td> <td>_____ hrs X _____</td> <td>= \$ _____</td> </tr> <tr> <td>_____</td> <td>_____ hrs X _____</td> <td>= \$ _____</td> </tr> <tr> <td>_____</td> <td>_____ hrs X _____</td> <td>= \$ _____</td> </tr> </table>	Date completed	Amt of time	cost	GD: _____	_____ hrs X _____	= \$ _____	_____	_____ hrs X _____	= \$ _____	_____	_____ hrs X _____	= \$ _____	DTP: _____	_____ hrs X _____	= \$ _____	_____	_____ hrs X _____	= \$ _____	_____	_____ hrs X _____	= \$ _____	<table border="0"> <tr> <td colspan="2">Date shipped _____</td> </tr> <tr> <td>Qty</td> <td>No. of sides/ x sheets = No./clicks x cost</td> </tr> <tr> <td>VP110: _____</td> <td>x _____ = _____ x _____¢ = \$ _____</td> </tr> <tr> <td>V-80 / Color: _____</td> <td>x _____ = _____ x _____¢ = \$ _____</td> </tr> <tr> <td>IPF8400: _____</td> <td>x _____ = _____ x _____¢ = \$ _____</td> </tr> <tr> <td><i>paper / auxiliary:</i> _____</td> <td>x _____ = _____ x _____¢ = \$ _____</td> </tr> <tr> <td>_____</td> <td>x _____ = _____ x _____¢ = \$ _____</td> </tr> <tr> <td>_____</td> <td>x _____ = _____ x _____¢ = \$ _____</td> </tr> <tr> <td>_____</td> <td>x _____ = _____ x _____¢ = \$ _____</td> </tr> <tr> <td>_____</td> <td>x _____ = _____ x _____¢ = \$ _____</td> </tr> <tr> <td>_____</td> <td>x _____ = _____ x _____¢ = \$ _____</td> </tr> <tr> <td>_____</td> <td>x _____ = _____ x _____¢ = \$ _____</td> </tr> <tr> <td colspan="2">Total Amount = \$ _____</td> </tr> </table>	Date shipped _____		Qty	No. of sides/ x sheets = No./clicks x cost	VP110: _____	x _____ = _____ x _____¢ = \$ _____	V-80 / Color: _____	x _____ = _____ x _____¢ = \$ _____	IPF8400: _____	x _____ = _____ x _____¢ = \$ _____	<i>paper / auxiliary:</i> _____	x _____ = _____ x _____¢ = \$ _____	_____	x _____ = _____ x _____¢ = \$ _____	_____	x _____ = _____ x _____¢ = \$ _____	_____	x _____ = _____ x _____¢ = \$ _____	_____	x _____ = _____ x _____¢ = \$ _____	_____	x _____ = _____ x _____¢ = \$ _____	_____	x _____ = _____ x _____¢ = \$ _____	Total Amount = \$ _____	
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School District / School: 01-0000-0-0000-0000-8677-000-1090-0000	Send invoice to: _____ (name / address)	Distribution: White - Reprographics Canary - Returned with Completed Material Pink - Originator/Hold Copy
Outside agency / cash: 01-0000-0-0000-0000-8689-000-1090-0000	_____	R-1 REV 10/18