


Oxnard School District Graphic Services

Instructions for Submitting a Graphics Job Order

Important: All Completed Job Tickets must be mail or submitted to Budget Services for preapproval prior to production

- 1. Signature/Date
- 2. Requisitioner/School
- 3. Job Description
- 4. Account Code:
Will need a current account code.
If no code is provided we will return ticket to originator



OXNARD SCHOOL DISTRICT GRAPHIC SERVICES JOB ORDER

Must include valid signature and account code to process and complete order

Job Number

Signature** _____ Date _____
(Principal or Department Head)

Requisitioner _____ School / Department _____

Job Description _____

** Note: By signing this authorization, you certify that duplication of this material is not in violation of Federal Copyright Laws and hereby release OSD Graphic Services department from liability for reproducing it.

Number of originals to be copied _____ Number of copies needed per original _____

Total number of copies after cutting _____ Copies should be: () One Sided () Two Sided () As Marked

CHECK IF NEEDED

Paper Size: () 8 1/2 x 11 () 8 1/2 x 14 () 11 x 17 Paper Color: _____

Paper Weight: () 20 lb. () 60 lb. () Card Stock Card Stock Color: _____ () Covers Only

Carbonless Paper: () 1 Part () 2 Part () 3 Part () 4 Part () 5 Part () Special Order _____

Envelopes: () #10 Regular () #10 Window

Posters: Material: () Paper () Vinyl Size: () 12x18 () 18x24 () 24x36 () 36x42 () 42x60 Other _____

Bindery: () Collated () Stapled () Punch: () 2-Hole () 3-Hole () Folding Type _____

() Lamination () Padding Sheets per pad _____ () Comb Binding

Wrap & Distribute () Quantity per package _____ Cutting () Size after cutting _____

Other Instructions: _____

JOB COST:		UNIT	TOTAL
Paper Supplies	_____		
Other Supplies	_____		
Labor	_____		
Special Charges	_____		
<small>*Do not write in this area, for Graphic Services use only*</small>		TOTAL \$:	

CATEGORICAL ACCOUNT JUSTIFICATION

Should district general funds pay for this expense? Yes () No () Administrator's Signature: _____

Will these items be used this fiscal year? Yes () No () Budget Approval Signature: _____

Fund	Object	Resource	Yr.	Goal	Function	Location	Mgmt. Code	Optional	B	Amount

Date: _____
Reference: EXP. TRANS

DISTRIBUTION: White: Graphics - A/P • Canary: Site Confirmation Pink: Originator Warehouse Job #91500 Graphics Job Order Form Rev. 05/19

- 5. Number of originals.
- 6. Number of copies needed.
- 7. Color, type and size of paper.
- 8. Finishing instructions, (stapling, folding, collating, etc.)

Should you have any questions or concerns filling out this form, call us at **Ext. 2581 or 2582** and we'll be more than glad to assist you.

This is a 3-part form. Please keep the pink copy for your records. These forms available at no charge from the Warehouse.