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JOB	DATE
ТО	FROM

The following is a proof copy of your job. Please read it carefully as we depend on you for the correct spelling of student and employee names and the accuracy of data included. Please sign the release for printing (signature is needed before printing can begin).

I have carefully read the documents to be printed, and authorize release for printing. I understand that any revisions requested after this will be at my expense. AUTHORIZED SIGNATURE EMAILING TO SCHOOL COMMUNICATIONS REPRESENTATIVE CONFIRMS AUTHORIZATION.



School District and Building	Date	Submitted	
Item Name	Date	Needed	
Contact Person	Depa	rtment	
Telephone Cell	Budg	et Code	
Authorized Signature	Email		
□ CONFIRM EMAIL TO OHM BOCES CONFIRMS THIS PERSON'S AUTHORIZATION. DO NOT AUTHORIZE IF INFO IS MISSING. MISSING INFO CAN DELAY PROCESSING OF JOB. PRINTING			
PRINTING			
# of pages in the original document	Ink Colors Color Copy B&W Copy Press Ink (Color) Cover Paper Color If you do not specify a cover color, white will be used White Color	Envelopes Quantity	
Paper Color If you do not specify a paper color, white will be used. □ White □ Color	Cover Ink Color Color Copy B&W Copy Press Ink (Color)	NCR Paper Size 2 part	
BINDERY			
□ Collate and staple (books under (books over 1: Collate and 3-hole punch □ Collate and 3-hole punch	18 sheets cannot be tape bound) 10 sheets will be additional fee for hand tape) fold and saddle stitch God Folding spiral		
DELIVER TO THIS ADDRESS Collate Uncollated Saddle stitch If address is not given, delivery will default to the administration building.			
SPECIAL INSTRUCTIONS			

PLEASE SEND THE BEST POSSIBLE ORIGINAL FOR REPRODUCTION TO ASSURE CLEAR COPIES.

Please only submit this work order once. Multiple submissions (email, courier, fax) could result in duplicate printing.