



PRINT SHOP

3153 Lake Road, Horseheads, NY
Email: printshop@gstboces.org
607-734-4937 ext 1810 FAX 607-734-6341

PLEASE ALLOW 10 WORKING DAYS FOR ORDERS
Attach Clean Masters on White Paper or Send File Electronically To Ensure The Best Quality Reproduction

Requested by _____ Approved _____ School/Building _____

District _____ Date Submitted _____ Date Needed _____ **NO ASAP** (specify date)

Form Name _____ Original Attached Sending Electronically

Quantity to be printed _____ Sheets Pieces Pads (See below) One Sided Two Sided As Is

Phone number or email (please) _____ **Include permission for copyrighted material.**

Paper Color (White if Blank) _____

Paper Style

Finishing

Cover Color _____

- Regular
- Cover Stock
- Index
- Linen
- 3-Hole Punched
- NCR _____ Parts

- Fold - 1/4 1/2 1/3
- Staple(s) - 1 2 Booklet
- Plastic Comb Bind Laminated
- Coil Bind Black Coil Clear Coil
- Collate - **copies come back in sets**
- Do **NOT** Collate - **copies come back in stacks**
- Pad - number of pads _____ sheets per pad: 50 100
- Numbered Perforated Scored

NEW! Non-Tear Cover Material

Paper Size

8-1/2 x 11 8-1/2 x 14 11 x 17

Envelopes/size _____
 plain window

Print Job Black & White In Color Mixed
(Cover in color, inside black, etc)

Ink color(s) _____

Order to be shipped to _____ Classroom _____

Special Instructions _____

***PRINT CHARGE CODE #:** _____ (if required)

(PRINT SHOP USE ONLY) JOB # _____

File location: CCR Folder Color Copy Folder On File

Plates: _____ Black Clicks _____ Color Clicks _____ \$ _____

Ink Color(s): _____ \$ _____

Staples _____ Pad _____ C.board _____ Combs/Coils _____ (size) _____ Acetate _____ \$ _____

Paper: 8.5 x 11 _____ Sheets Color _____ Wt. _____ \$ _____

8.5 x 11 _____ Sheets Color _____ Wt. _____ \$ _____

11 x 17 _____ Sheets Color _____ Wt. _____ \$ _____

Cover: 8.5 x 11 _____ Sheets 11 x 17 _____ Sheets Color/Wt _____ \$ _____

Index: 8.5 x 11 _____ Sheets 11 x 17 _____ Sheets Color/Wt _____ \$ _____

NCR Paper _____ Part _____ # Sets used _____ Envelopes- quantity _____ \$ _____

Laminating _____ Bulk Mail _____ \$ _____

Pre-Press Time: _____ Total Impressions: _____

Hours: Run _____ Vijuk _____ Cutting _____ Finishing _____ \$ _____

_____ Tabs _____ Finishing _____

Cartons/packages sent: Env _____ Pkg _____ **LH/BC/BB** _____ XP _____ Ctn _____ \$ _____

Date Printed: _____ By: _____

Date Completed: _____ By: _____

TOTAL COST \$ _____

Copier / Machine Used _____