



NORTH EAST INDEPENDENT SCHOOL DISTRICT NEEC QUICK COPY REQUEST FORM

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CHARGE TO: (Department, School, or Organization)	ACCOUNT NUMBER _____ - 6295. _____	DATE OF REQUEST	DATE NEEDED
SUBMITTED BY:	PHONE NO. AND EXT.	FAX NO.	BUDGET MANAGER'S SIGNATURE

JOB TITLE: _____

PLEASE PROVIDE A SAMPLE WITH YOUR ORDER

QUANTITY	# ORIGINALS	SINGLE	F / B	STOCK	FINISHED SIZE

JOB INCLUDES: TABS # _____ DIVIDERS # _____ OTHER _____

FINISHING SERVICES	
<input type="checkbox"/> COLLATING	<input type="checkbox"/> COMB BINDING (GBC) COLOR: _____ <input type="checkbox"/> FOLDING: _____
<input type="checkbox"/> HOLE PUNCH: _____	<input type="checkbox"/> CUTTING: _____ <input type="checkbox"/> INSERT <input type="checkbox"/> STAPLING: <input type="checkbox"/> TOP LEFT <input type="checkbox"/> SIDE
<input type="checkbox"/> OTHER: _____	

SPECIAL INSTRUCTIONS _____

SEND COURIER: DEPT.: _____ ATTN: _____

FOR PICK-UP CALL: NAME _____ PHONE _____ EXT _____

PLEASE KEEP YELLOW COPY OR MAKE A COPY FOR YOUR RECORDS