

PARENT ORGANIZATIONS/BOOSTER CLUBS' AUTHORIZATION FORM

Date Received by Department _____

Subject: _____ Standard: _____ Objective: _____

Site: _____ Requested by: _____ Ext.: _____
 PLEASE PRINT FOR READABILITY

Budget Code: _____ Request submitted without budget code will be returned to submitter. Principal/Administrator's Signature _____ Date _____

The Principal/Administrator's signature on this document acknowledges he/she has read and examined the requested attached and/or electronically submitted publication and approves of its contents for distribution. AR 1230(d)

Allow at least two weeks processing time from date needed. Request received with the "Date Needed" left blank or with "ASAP" will be scheduled into production at the convenience of the Printing, Graphics and Mail Department. Request must be submitted with originals at time of submission (ie: hardcopy or electronic file in a capable format).

Job Title/Description – ONE JOB PER REQUEST	New (N) or Revised (R)	Number of Pages	Qty	Date Needed
	<input type="checkbox"/> N <input type="checkbox"/> R			

PRINT: B/W Color 1 Sided 2 Sided Collated Uncollated Print As-Is

<p>FINISH SIZE</p> <input type="checkbox"/> 8 1/2 x 11 (Letter) <input type="checkbox"/> 8 1/2 x 14 (Legal) <input type="checkbox"/> 11 x 17 (Tabloid) <input type="checkbox"/> 12 x 18 (Extra Tabloid) <input type="checkbox"/> 5 1/2 x 8 1/2 <input type="checkbox"/> 4 1/4 x 5 1/2 Env.: <input type="checkbox"/> Ltr. <input type="checkbox"/> Reply <input type="checkbox"/> Flat <input type="checkbox"/> 6x9 <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<p>TYPE</p> <input type="checkbox"/> Bond <input type="checkbox"/> Card/Cover <input type="checkbox"/> Astrobrite Text <input type="checkbox"/> Astrobrite Cover <input type="checkbox"/> Transparency/Clear Cover <input type="checkbox"/> Tabs (attach list of tabs) <input type="checkbox"/> NCR <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Envelopes: <input type="checkbox"/> Window <input type="checkbox"/> Plain <input type="checkbox"/> Other _____	<p>COLOR</p> <input type="checkbox"/> White <input type="checkbox"/> Blue <input type="checkbox"/> Canary <input type="checkbox"/> Pink <input type="checkbox"/> Green <input type="checkbox"/> Goldenrod <input type="checkbox"/> Salmon <input type="checkbox"/> Lavender <input type="checkbox"/> Red <input type="checkbox"/> Orange <input type="checkbox"/> Purple <input type="checkbox"/> Brite Yellow <input type="checkbox"/> Other _____	<p>BINDERY/FINISHING</p> <input type="checkbox"/> Staple Upper Left (Portrait) <input type="checkbox"/> <input type="checkbox"/> Staple (Landscape) <input type="checkbox"/> <input type="checkbox"/> Staple Left (Long Edge 2 Staples) <input type="checkbox"/> <input type="checkbox"/> Staple Down Center (SBM) <input type="checkbox"/> Fold: <input type="checkbox"/> Half <input type="checkbox"/> Tri <input type="checkbox"/> Cut to size _____ <input type="checkbox"/> Drill: # of Holes _____ (Max 3 holes) <input type="checkbox"/> Pad: sheets/pad _____ (Min. 25 Shts.) <input type="checkbox"/> Tape Binding <input type="checkbox"/> Coil Binding <input type="checkbox"/> Perfect Binding (Paper back) <input type="checkbox"/> Comb Binding <input type="checkbox"/> Label (Variable Data Printing) <input type="checkbox"/> Numbering: From _____ to _____ <input type="checkbox"/> Scoring <input type="checkbox"/> Perforating <input type="checkbox"/> Distribute to: _____ <input type="checkbox"/> Insert into Envelope (Call for instructions and Limitations, x1280)
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COVER(S) ON CARD STOCK (check 1 sided or 2 sided, none checked = blank)
 B/W Printing Color Printing Indicate Paper Color _____
 Front Cover: 1 sided 2 Sided Back Cover: 1 sided 2 Sided

Additional Instructions _____

MAILINGS (AUTOMATED)

Postmark _____

 Self-Mailer Addressing
 Envelope Addressing
 Permit 25 (200pcs. Min.)
 Permit 40 (500pcs. Min.)
 Excel Address File Submitted
 Pull from Aeries (List criteria under "Additional Instructions")

One Per:
 Home Family Student

OTHER SERVICES

 Create Single PDF
 Scan to PDF: E-mail CD
 File Name: _____
 E-mail: _____

DO NOT WRITE BELOW THIS LINE

Assigned to _____ Scanned Date _____ Date Mailed _____ Completed by _____

DT6135-1 DT6135-2 DT6180 Multi X 800 **BLACK & WHITE PRINTING**

Paper Used Size/Kind/Weight/Color	# of Fronts	# of Backs	Copies/ Sets	Total Shts. F x C/S	Total Imps. F + B x C/S	8.5 x 11 Impressions	Front Charge	Back Charge	Total Charge
8 1/2 X 11 NCR 2 PART									

X 800 WCPPro2635 **COLOR PRINTING**

Paper Used Size/Kind/Weight/Color	# of Fronts	# of Backs	Copies/ Sets	Total Shts. F x C/S	Total Imps. F + B x C/S	8.5 x 11 Impressions	Front Charge	Back Charge	Total Charge

<input type="checkbox"/> SBM <input type="checkbox"/> In <input type="checkbox"/> Off <input type="checkbox"/> Fold: <input type="checkbox"/> Half <input type="checkbox"/> Tri <input type="checkbox"/> Cutting (how much time) <input type="checkbox"/> Off-line Collating <input type="checkbox"/> Inserting <input type="checkbox"/> Scoring <input type="checkbox"/> Set Labeling (VDP)	<table border="0"> <tr><th>Qty</th><th>Chrg</th><th>Total</th></tr> <tr><td>_____ X</td><td>_____ = \$</td><td>_____</td></tr> </table>	Qty	Chrg	Total	_____ X	_____ = \$	_____	_____ X	_____ = \$	_____	_____ X	_____ = \$	_____	_____ X	_____ = \$	_____	_____ X	_____ = \$	_____	_____ X	_____ = \$	_____	_____ X	_____ = \$	_____	<input type="checkbox"/> Tape Binding: M or A <input type="checkbox"/> Coil Binding <input type="checkbox"/> Perfect Binding <input type="checkbox"/> Comb Binding <input type="checkbox"/> Tabbing <input type="checkbox"/> Composition <input type="checkbox"/> Scanning	<table border="0"> <tr><th>Qty</th><th>Chrg</th><th>Total</th></tr> <tr><td>_____ X</td><td>_____ = \$</td><td>_____</td></tr> </table>	Qty	Chrg	Total	_____ X	_____ = \$	_____	_____ X	_____ = \$	_____	_____ X	_____ = \$	_____	_____ X	_____ = \$	_____	_____ X	_____ = \$	_____	_____ X	_____ = \$	_____	_____ X	_____ = \$	_____	<input type="checkbox"/> Padding <input type="checkbox"/> Drilling <input type="checkbox"/> Off-line Stapling <input type="checkbox"/> Orig. Counting <input type="checkbox"/> Other _____	<table border="0"> <tr><th>Qty</th><th>Chrg</th><th>Total</th></tr> <tr><td>_____ X</td><td>_____ = \$</td><td>_____</td></tr> </table>	Qty	Chrg	Total	_____ X	_____ = \$	_____	_____ X	_____ = \$	_____	_____ X	_____ = \$	_____	_____ X	_____ = \$	_____	_____ X	_____ = \$	_____
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