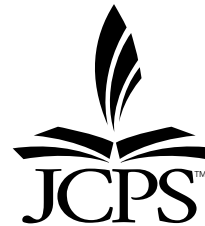


Materials Production Stationery Order Form



Date of Order: _____ Location/Cost Center Number: _____

Your Department/School: _____

Contact Person: _____ Telephone Number: _____

Munis Account to Be Charged: **-0559-** _____

Accounting Services requires printing expenses to be taken from the 0559 object code.

Required to Proceed

By checking this box, I'm indicating that the cost center head has authorized production of the following project and that we are responsible for the cost of materials.

By checking this box, you acknowledge that you have permission from the copyright holder to reprint/reproduce copyrighted materials submitted to Materials Production and that you will retain proof of that permission.

Delivery of Finished Job: ☐ Send through Pony mail. ☐ Call for pickup.

Item	Price	Quantity Requested	Extended Amount
Business cards, multicolored	\$7.21 per set of 500 cards	set(s)	
Letterhead stationery, multicolored	\$36.05 per ream of 500 sheets	ream(s)	
#10 Envelopes, blue ink	\$36.05 per box of 500 envelopes	box(es)	
#10 Window envelopes, blue ink	\$36.05 per box of 500 envelopes	box(es)	
#9 Window/Check envelopes, blue ink	\$36.05 per box of 500 envelopes	box(es)	
Stationery blank second sheets	\$8.24 per ream of 500 sheets	ream(s)	

Total of Order

Information to Print on Stationery

Complete the appropriate sections below. If you are submitting orders for multiple business cards, list them on a separate sheet and attach.

LETTERHEAD

Name of School, Office, or Building: _____

Board-Approved Name of Building/Site (if different from above): _____

Address (including ZIP Code): _____

Telephone Number: _____ Due to the districtwide implementation of the new phone system, fax numbers will no longer be included on letterhead.

ENVELOPE

☐ Yes, print Return Service Requested endorsement on envelope.*☐ No, do not print Return Service Requested endorsement on envelope.

Name of School, Office, or Building: _____

Board-Approved Name of Building/Site (if different from above): _____

Address (including ZIP Code): _____

*The U.S. Postal Service will return undeliverable mail with address correction on the mailpiece. The U.S. Postal Service charges an address-correction fee.

BUSINESS CARD

Name: _____

Title: _____

Name of School or Department: _____

Board-Approved Name of Building/Site (if different from above): _____

Address (including ZIP Code): _____

Telephone Number: _____ Fax Number: _____

Cell Number: _____ Email Address: _____

Questions? Call 485-3330 or 485-3308. We will be happy to assist you.