



Hampton City Schools

REQUEST FOR PRINTING SERVICES

TO: Printing & Records Management

email: mwood@hampton.k12.va.us

Fax: 757-727-2078

Title of Form / Publication: _____

Contact Person / Phone Number: _____

Department / School: _____

Date submitted: _____ Requested completion date: _____

Number of copies: _____ Number of originals submitted: _____

SPECIAL INSTRUCTIONS:

**N
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E**

All materials (unless specified below) will be reproduced at the discretion of the Print Shop, in regard to printing and bindery applications to achieve a quality finished product. Substitution for unavailable materials will be made if necessary. Jobs requiring special order material will add 3 days to the production schedule.

PLEASE CHECK ON AVAILABILITY PRIOR TO SUBMITTING REQUEST IF SUBSTITUTIONS SHOULD NOT BE MADE.

PRINTING

- Front Only
- Front and Back
- As Per Sample
- Other / Specify size: _____

INK

- As Per Sample
- Black Blue
- Red Green
- PMS: _____
- Other: _____

PAPER

- Letterhead
- Envelopes (circle one)
White Regular/ Window
- 20 lb. Bond (circle one)
White / Color: _____
- Index - Cover
White / Color: _____
- NCR Carbonless
 2-Part 4-Part
 3-Part 5-Part
- Other: _____

BINDERY

- Collate
- Staple
- Fold
- 3 Hole Punch
- Spiral Bind
- Pad
- Cut
- Other

PRINT SHOP USE ONLY