

GENERAL INFO

Today's Date: _____ Printed Project Completion Date: _____

Building/Dept: _____ Budget Code: _____ - _____ - _____ - _____ - 383 - _____

Description: _____ New Revised Per Sample

Name: _____ Phone: _____ Email: _____
First and Last Name - PLEASE PRINT

DESIGN

Proofing Contact: _____ Phone: _____ Email: _____
First and Last Name - PLEASE PRINT

Electronic file saved: Disk/Flash Drive District Wide Server - **Printshop Dropbox**
 E-mailed to: Ron H. Julie W. Roni C. Elaine G. Missy H. Other: _____

Special Instructions: _____

PRINTING

Quantity Needed: _____ 1 sided 2 sided Finished Size: _____

PAPER Color: White Color: _____ **INK COLOR** Full Color _____
 Weight: Regular Cardstock Other: _____ Black _____

POSTER

Quantity Needed: _____ Size: 11x17 18x24 24x36 36x48 Other: _____
See webpage for pricing - ahschools.us/printshop

PAPER: Matte (cardstock) Gloss (heavy weight) Tyvek (banner) Laminate (small quantities only)

FINISHING

Collate Collate (i.e.: 1, 2, 3; 1, 2, 3; 1, 2, 3; etc...) Collate, Staple Collate, Staple, Fold

Folding Fold Letter Fold Half Other _____

Binding Spiral Staple Unibind Other _____

Mark 50 sheets 100 sheets Other _____

Pad 50 sheets 100 sheets Other _____

Breakdown Distribution list provided Other _____

Other Trim (finished size) _____ Drill 3 hole punch Perforate Score

Special Instructions: _____

DELIVERY

CALL FOR PICKUP Name: _____ Phone: _____
First and Last Name - PLEASE PRINT

SHIP TO Name: _____ Building: _____
First and Last Name - PLEASE PRINT

INSTRUCTIONS - HOW TO USE ELECTRONIC FORM

- **DOWNLOAD FORM TO YOUR DESKTOP.**
- Open form in **Adobe Acrobat Reader**. You must use Acrobat Reader for info to save properly. If you do not have Reader contact your tech person.
- Type in information.
- **SAVE AS** and save **pdf** as description name.
- **Email** completed form to printshop@ahschools.us or fax to 763-506-1590.
- Attach any additional files with this form in your email.
- You will receive a confirmation email within 24 hours of submitting request.

PRINT SHOP USE ONLY – SHIPPING

<input type="checkbox"/> District Truck	<input type="checkbox"/> Pickup	Date: _____
<input type="checkbox"/> Mail Truck	<input type="checkbox"/> Dock	
<input type="checkbox"/> Shelf	<input type="checkbox"/> Office	Cost: _____
<input type="checkbox"/> Delivered	Number of Boxes: _____	
<input type="checkbox"/> Other _____	_____	