



Graphic Arts/Print Services

Please allow 2 to 5 working days lead time

PRINT TICKET

Date Ordered _____

Due Date _____

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School / Department _____ Contact Person _____

Title of Job Submitted _____ Phone/Ext. # _____

Account # _____ Admin Signature _____

P R I N T I N G	# Copies / sets needed _____ # of originals _____ (Please count, 2 sided equals 2 originals). (1 Print Ticket per copies/sets needed)
	Paper Color _____ <input type="checkbox"/> Bond <input type="checkbox"/> Index NCR Sets: <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 2 Sided
	Finished Size(Check one) <input type="checkbox"/> 4 1/4 x 5 1/2 <input type="checkbox"/> 5 1/2 x 8 1/2 <input type="checkbox"/> 8 1/2 x 11 <input type="checkbox"/> 8 1/2 x 14 <input type="checkbox"/> 11 x 17
	BANNERS/POSTERS: Posters <input type="checkbox"/> 12 x 18 <input type="checkbox"/> Banners Vinyl 3' or 4' x _____ <input type="checkbox"/> Gloss 44in x _____
	<input type="checkbox"/> Color Ink _____ <input type="checkbox"/> Laser Safe <input type="checkbox"/> Color Copies <input type="checkbox"/> Electronic/Digital File/e-mailed
SPECIAL INSTRUCTIONS _____	

B I N D E R Y	<input type="checkbox"/> Pad <input type="checkbox"/> 3 Hole Punch <input type="checkbox"/> Staple <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Uncollate - 1,1,1 2,2,2 3,3,3 <input type="checkbox"/> Collate - 1,2,3 1,2,3 1,2,3
	<input type="checkbox"/> Folding (# of folds _____) <input type="checkbox"/> Cutting (# of cuts _____) <input type="checkbox"/> (Mailing # _____) <input type="checkbox"/> Score <input type="checkbox"/> Perforation
	SPECIAL INSTRUCTIONS _____ _____ _____

PRINT SHOP USE ONLY

JOB TICKET # _____

RECEIVED _____

Sheets Used _____

Impressions _____

Printing _____

Shipping _____

of Boxes _____

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Call Graphic Arts
949.234.9483
949.234.9485
949.234.9486

e-mail digital files to
gnestor@capousd.org

TOTAL _____