STATIONARY REQUEST FORM

3736 Perrin Central, Bldg. #3 • Phone: 407-0744 • Fax: 637-4969
www.neisd.net/print

SUBMITTED DATE	DATE DUE

MISSING ACCT. #'s WILL BE CHARGED TO YOUR DEFAULT ACCT. ***Jobs due within 2 business days or less will be charged a rush fee.***

(Dept., School, or Org.)	❑ BILLING ACCT. # OR ❑ INVOICE	❑ ACTIVITY CODE *(If applicable)*
	__ __ __-__ __-__ __ __-__ __-__ __ __-6285-__ __ __ __	__ __ __ __-__ __-__ __ __-__ __ __-__ __ __ __ __

SUBMITTED BY:	PHONE NO. AND EXT.	FAX NO.	AUTHORIZED SIGNATURE

PRINT JOB NAME: _____

PLEASE ATTACH A SAMPLE TO THE ORDER

(If you do NOT have a digital file we will work with the attached sample, but cannot guarantee a high quality print)

❑ ***NEW JOB***
❑ *Typesetting Req.* ❑ *Variable Data*

❑ ***RE-PRINT***

❑ ***RE-PRINT W/ CHANGES***

❑ ***DISK W/FILE(S) ATTACHED***

❑ ***E-MAIL DIGITAL FILE(S)***

LETTERHEAD STATIONARY

❑ #1 BOND (WATERMARK) ❑ 20# WHITE BOND

QTY _____

❑ OTHER (SPECIFY) _____

INK COLOR(S):
(FRONT) _____ (BACK) _____

NOTEPADS

FINISHED SIZE: _____ # OF PADS _____

OF SHEETS PER PAD _____ PADDING: ❑ TOP ❑ SIDE

STOCK: _____

INK COLOR(S): _____

LETTERHEAD ENVELOPES

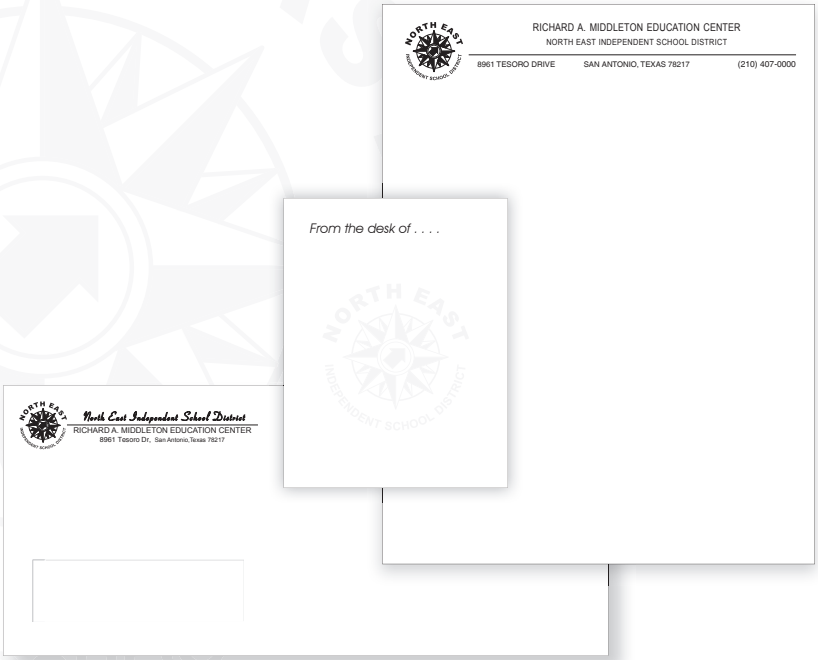
(500/Box; 2,500/Case)

❑ REGULAR - #10 QTY _____ ❑ WINDOW - #10 QTY _____

❑ OTHER (SIZE) _____ QTY _____

INK COLOR(S):

(FRONT) _____ (BACK) _____



For additional services call Buyer/Estimator: 407-0619

** Return addresse on envelopes MUST have NEISD as first line (on top) per directive from US Post Office.*

❑ SPECIAL INSTRUCTIONS

_____

_____

_____

_____

REQUEST PROOF VIA: ❑ E-MAIL:_____ ❑ FAX:_____ ❑ PONY ❑ PICK-UP PROOF

ESTIMATE: ❑ NEEDED ❑ ATTACHED *(All estimates are good for 30 days from day of request.)*

❑ MAIL OUT

❑ SEND COURIER/PONY: DEPT./CAMPUS: _____ ATTN: _____

❑ FOR PICK-UP CALL: NAME _____ PHONE _____ EXT _____

PLEASE PRINT OR SAVE THIS DOCUMENT FOR YOUR RECORDS