

White) Print Shop
 Canary)
 Pink - School Retain

SALINAS UNON HIGH SCHOOL DISTRICT

REQUEST FOR OFFSET PRINTING

Date Received _____

REQUESTD BY: _____
 School _____ Dept. _____

Date of Request _____

DESCRIPTION: _____
 (Math Test, Bulletin, Form No., etc.)

Return to
 YES NO

Date Required _____

ONE JOB PER FORM

*MASTER NO(S).	COPIES OF EACH

ON

SIZE	WT.	COLOR	TYPE

USING

INK COLOR

PRINTED: ONE SIDE BOTH SIDES HEAD TO HEAD HEAD TO FOOT

*If more than one master is submitted and pages are not numbered, number each consecutively with a non-reproducing pencil in the upper left hand corner.
 Refer to these numbers in this section.

ADDITIONAL INSTRUCTION FOR OPERATOR: _____

APPROVED BY: _____
 Principal/Supervisor

Fund	Resource	Yr	Goal	Function	Object	School	Local	Mngr

PHOTO / OFFSET
 MAGES: _____

OPERATOR		
DATE	NAME	HOURS

OPERATOR		
DATE	NAME	HOURS

- DISTRIBUTION
- Harden _____
 - El Sausal _____
 - La Paz _____
 - Washington _____
 - Alisal High _____
 - EAHS _____
 - North Salinas _____
 - Salinas High _____
 - Mt. Toro _____
 - Adult School _____
 - Sped _____
 - Maintenance _____
 - Transportation _____
 - Supt. Office _____
 - Instr. Services _____
 - Personnel _____
 - Purch/Ware _____

LABOR _____ @ \$ _____ P.H. = \$ _____

PAPER _____ @ \$ _____ P.R. = \$ _____

OVERHEAD 5% @ \$ _____ = \$ _____

Hsd 143 (9/05) 3PT. TOTAL COST \$ _____