



Prairie Lakes General Printing REQUEST FORM

Area Education Agency

P.O. Box 802, 500 Northeast 6th Street, Pocahontas, Iowa 50574

866-540-3858, ext 2056 • Fax: (712) 335-5870

Call 866-540-3858 ext 2056 for assistance filling out form.

**Duplication requests for copyrighted materials
MUST HAVE a copyright release from the producer.**

Please include a statement for giving credit for duplicating materials created by someone else.

Allow at least...

- 2 weeks for printing
- 3 weeks for graphics/printing
- 4 weeks for graphics/printing/coil bind

OFFICE USE ONLY

Job Number

Date Received

AM 51756 1/13

Today's Date: _____ Date Needed: _____ (No ASAP, Date is Needed) P.O. Number: _____

School/Location: _____ Requested by: _____

Route #: _____ Building #: _____ E-Mail: _____

Bill to: ☐ Self Bill ☐ School ☐ AEA#/ Division _____ ☐ Other _____ Phone: _____ Fax: _____

Ship to: _____ Authorized by: _____ Title: _____

Job Information

Job Title: _____

Job Description: _____

of Original: _____ # of Copies: _____

☐ One sided ☐ Two sided

Paper stock: _____ Paper Color: _____

Cover stock: ☐ Yes ☐ No Cover color: _____

Ink Color: _____

Finished Size: ☐ 4.25" x 5.5" ☐ 8.5" x 5.5" ☐ 8.5" x 11"

☐ 8.5" x 14" ☐ 11" x 17" ☐ Other: _____

Bindery: ☐ Cut ☐ Fold
☐ Collate ☐ Saddle Stitched
☐ Staple _____ side ☐ Pad _____ Sheets per Pad
☐ Coil Bind ☐ Comb Bind (color _____)
☐ Laminate ☐ Hole Punch (circle one)... 1 2 3

OFFICE USE ONLY

GRAPHIC

Due out of Graphics:	Hrs.	Min.	Cost
Typesetting			
Graphic Labor			
Proofread Date:			
Other			
Out of Graphics:	Graphics Total \$		

OFFICE USE ONLY

PREPRESS

	Quantity	Unit Cost	Total
Plates			
Plastic			
Prepress Total \$			

PRINTING

<input type="checkbox"/> Xerox <input type="checkbox"/> Color <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Other			
Operator:	Impressions:		
<input type="checkbox"/> 360 Operator:	Impressions:		
<input type="checkbox"/> Ryobi Operator:	Impressions:		
Out of Printing:	Printing Total \$		

BINDERY

	Hrs.	Min.	Cost
<input type="checkbox"/> Cut			
<input type="checkbox"/> Fold <input type="checkbox"/> half <input type="checkbox"/> thirds <input type="checkbox"/> other			
<input type="checkbox"/> Collate			
<input type="checkbox"/> Hole Punch 1 2 3 <input type="checkbox"/> Coil Punch			
<input type="checkbox"/> Pad Quantity _____ Sheet/Pad			
<input type="checkbox"/> Binding <input type="checkbox"/> Comb <input type="checkbox"/> Coil Size:			
<input type="checkbox"/> Saddle <input type="checkbox"/> On Side <input type="checkbox"/> Upper Left			
<input type="checkbox"/> Other			
<input type="checkbox"/> Out of House Date due back			
Bindery Total \$			

Date Completed: _____ Total Cost: \$ _____