

PARENT GROUP

PRINT ROOM USE ONLY

DUPLICATING REQUEST

DATE RECEIVED	_____
NO. OF IMPRESSIONS	_____
TAPE BIND	_____
SPIRAL BIND	_____

SCHOOL/DEPT _____
 NAME _____
 DATE NEEDED _____
 NO. OF COPIES/SETS NEEDED _____
 NO. OF ORIGINAL PAGES _____

	<u>XEROX</u>	<u>VELLUM</u>	<u>CARDSTOCK</u>	<u>NCR</u>
FRONT SIDE ONLY _____	WHITE _____	WHITE _____	WHITE _____	8-1/2"X11" 2 PT. _____
FRONT AND BACK _____	BLUE _____	BLUE _____	BLUE _____	8-1/2"X11" 3 PT. _____
COLLATED _____	GOLD _____	GOLD _____	GREEN _____	8-1/2"X11" 4 PT. _____
STAPLED _____	GREEN _____	GREEN _____		8-1/2"X14" 2 PT. _____
TAPE BIND _____	PINK _____	PINK _____		8-1/2"X14" 3 PT. _____
SPIRAL BIND _____	YELLOW _____	YELLOW _____		8-1/2"X14" 4 PT. _____
	WHITE XEROGRAPHIC, 8-1/2"X 14" _____			
	WHITE XEROGRAPHIC , 8-1/2"X11". 3-HOLE PUNCH _____			

SPECIAL INSTRUCTIONS: _____

PARENT GROUP REPRESENTATIVE _____ DATE: _____
 APPROVED BY PRINCIPAL: _____

OFFICE USE ONLY

<u>MATERIALS USED</u>	<u>QUANTITY</u>	<u>DATE COMPLETED</u> _____
WHITE XEROGRAPHIC	_____	
COLORED XEROGRAPHIC	_____	
CARDSTOCK	_____	
VELLUM	_____	
NCR	_____	
SPIRAL BINDING	_____	<u>DATE POSTED</u> _____
TAPE BINDING	_____	