NEW YORK CITY DEPARTMENT OF EDUCATION
DIVISION OF CONTRACTS AND PURCHASING
BUREAU OF ADMINISTRATIVE SERVICES
131 LIVINGSTON ST. – RM. 601, BROOKLYN, NY 11201

PRINTING/ADDRESSING

PRODUCTION JOB REQUEST

PHONE: **718-935-3225** FAX: **718-935-5171**

JOB NUMBER

TO BE COMPLETED BY REQUESTING OFFICE

JOB DESCRIPTION - **(Sample / School Flyers)**

TODAY'S DATE

REQUESTED DUE DATE

DIVISION/OFFICE/BUREAU NAME

CONTACT PERSON

TELEPHONE NUMBER OF CONTACT PERSON

BUILDING NUMBER & STREET (Completed work delivered to this location)

FLOOR & ROOM NUMBER

I certify that funds have been set aside in the budget code indicated below for the service requested in the amount indicated (Total Production Charge) and authorize the Division of Financial Operations to debit my budget.

SIGNATURE DATE

DEBIT TO REQUESTING OFFICE:

DISTRICT	QUICK CODE	OBJECT	LOCATION CODE	ACTIVITY CODE
		101		

PRINTING REQUEST

Printing / Addressing / Labeling Services Required

PRINTING

❑ Black & White ($0.06/Copy) ❑ Full Color ($0.25/Copy)

❑ One Sided ❑ Two Sided

☐ Portrait ☐ Landscape

❑ Head to Head
❑ Head to Foot

PAPER SIZE

❑ 8½ x 11 ❑ 11 x 17
❑ 8½ x 14
❑ Other

ENVELOPES

❑ #10 ❑ #10 Window
❑ 9½ x 12½ Brown Kraft Flat

Specify Return Address ⟶

❑ **Proof Copy Requested Before Printing**

NUMBER OF ORIGINALS	x NUMBER OF COPIES OF EACH	= TOTAL REQUESTED

TYPE OF PAPER STOCK

❑ 20 lb. (B/W) regular paper ❑ Transparency
❑ 67 lb. Card ❑ Glossy Card Cover
❑ 24 lb Color XPressions ❑ Other_____
Carbonless ❑ 2 Part ❑ 3 Part

COLOR OF PAPER

❑ White
❑ Color (specify)
_____

FINISHING (discuss with printing supervisor)

❑ Collate ❑ Fold ❑ Cut ❑ Tape Bind ❑ Staple (upper left corner)
❑ 3 Hole Punch ❑ Insert, Mail ❑ Slip Sheet Between Sets ❑ Laminate (limited)
❑ Spiral Bind
❑ Booklet (12 sheet maximum – for 48 page signature (set up booklet format in MS Publisher)

Operator _____ Date Completed _____

***SPECIAL INSTRUCTIONS**: Specify copy position, folding, punching, **alternate delivery instructions**, etc. (discuss with printing supervisor)*

TOTAL

TOTAL PRODUCTION CHARGE

$ 00

FOR PRINTING OPERATOR USE ONLY

❑ Toshiba E-Studio 755A ❑ Lanier pro 1357B
❑ Toshiba E-Studio 755B ❑ Konica/Minolta 1051
❑ Xerox Docutech 6180 ❑ Lanier 755
❑ Lanier Pro 1357A ❑ Color 355

Printer Operator	DATE COMPLETED	POSTAGE COST IF APPLICABLE

FOR ENVELOPE/LABEL ADDRESSING OPERATOR FOLDING/INSERTING USE ONLY	OPERATORS	❑ Mail Out ❑ Interoffice

DATE COMPLETED	ENVELOPE SIZE	QUANTITY	☐ Return Address ☐ Mailing Address

Delivered by:

Deluxe Delivery ❑

Originals and completed work received by

PLEASE PRINT: _____ Date _____

Comments

Please Give Ample Time to Process

IMPORTANT – Please Check Your Work For Accuracy

Any Problems? Call Administrative Services Immediately (718)935-3225