

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
SOLE SUPERVISORY DISTRICT
FRANKLIN-ESSEX-HAMILTON COUNTIES

PRINTING REQUEST FORM

Date: _____ School District: SALMON RIVER Phone: _____

Individual Submitting Request _____ Building: _____

INSTRUCTIONS: PLEASE FULLY COMPLETE AND RETURN TO BOCES PRINTING SERVICE LOCATED
IN THE BOCES CENTRAL ADMINISTRATIVE OFFICE.

SPIRIT MASTERS CANNOT BE COPIED

Number of Pages _____ Number of Copies _____ Date Needed _____

OPTIONS:

_____ Single-Sided, _____ 2-Sided, _____ Reduction _____ Bound

_____ Not Collated, _____ Collated, _____ Stapled, _____ 3-Hole Punched

(If bound, please specify color of binder) _____

Paper Size: _____ 8-1/2 x 11 Cardstock Size: _____ 8-1/2 x 11
_____ 8-1/2 x 14 _____ 8-1/2 x 14
_____ 11 x 17 _____ 11 x 17

Paper Color: _____ White _____ Pink _____ Salmon
_____ Blue _____ Canary _____ Green
_____ Buff _____ Ivory _____ Goldenrod

Cardstock Color: _____ White _____ Cherry _____ Salmon
_____ Blue _____ Canary _____ Green
_____ Ivory _____ Gray _____ Buff

Other Comments: _____

NOTE: Submission of this signed printing request constitutes an authorization
for the BOCES to photocopy the attached materials and represents an assurance
that the request is consistent with any applicable copyright provisions.

REQUEST APPROVED BY: _____

Authorized Signature

FOR BOCES OFFICE USE ONLY

Date Received: _____ Produced: _____ Returned: _____

Job # _____ Invoice Month: _____ Operator: _____