

Salmon River Central School District
CENTRAL PRINTING REQUEST

Name: _____ Building: _____

Date Requested: _____ Date Required: _____

of originals: _____ # of copies of each: _____
(front & back of a page constitutes 2 originals or copies)

- Collated
- Collated/Stapled
- NOT Collated

Paper Size: 8 1/2 x 11 8 1/2 x 14

Paper Color: White Any color Other _____

Copy Options: single sided two sided 3 hole punched

Special Instructions: _____



• Administrator's Approval _____

*Signature indicates approval, including most efficient use of printing services and copyright laws.

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