

Virginia Beach City & Schools Printing Services

PRINTING REQUEST FORM

Please submit one request per item ordered • Please PRINT all information • All information MUST be filled out before request can be processed

Account Code No.* _____
(First 14 Digits REQUIRED)

Department/School Name _____

Address _____

Contact Person _____

E-mail for Proofs _____

Signature* _____

*I have the authority to request printing and the presented materials are not registered or under copyright.

SWP Account **Pay at Pickup**
*Please make all checks payable to: Liskey Printing

Date Submitted _____

Phone - Ext. _____

Fax Number _____

Cell Phone _____

NOTE:
*Actual due date schedule is contingent upon the final proof approval date.
*Larger print runs or complex work may require longer lead times.

Delivery Instructions

Customer Pick-up Deliver Schools-Pony Library-Pony Warehouse Other _____

Job Information

Description _____

Form/File Name _____

No. of Originals _____ **Quantity (Finished Pieces)** _____

Due Date* _____
*Please Allow 10 Business Days (after artwork approval)

Rush Job*? Yes No
*Some jobs may be considered a rush if needed before 10 business days.

Need Proof*? Yes No
*Requesting additional proofs due to customer changes will result in a fee.




Color Copies B/W Copies BOTH Other _____
 Single Sided Double Sided BOTH Other _____

Paper Size	Finished (Cut) Size
_____	_____
Paper Color	Speciality Ink
_____	_____
2nd Color Choice	Multiples Per Page
_____	_____

Paper


Bond (20#-24#) Envelopes (Please Include Sample) **Carbonless**
 Text/Offset Business Cards 2 Part 3 Part
 Cover (65#-80#) Other _____ 4 Part Other*


Finishing


<input type="checkbox"/> Collate	<input type="checkbox"/> Score	<input type="checkbox"/> Perforate
<input type="checkbox"/> 3-hole Drill	<input type="checkbox"/> Distribution	<input type="checkbox"/> Number
<input type="checkbox"/> Rubberband	<input type="checkbox"/> Shrink Wrap	Start # _____
Sets of: _____	Sets of: _____	End # _____
<input type="checkbox"/> Slip Sheets	<input type="checkbox"/> Fold	Ink Color for Numbering
Color: _____	<input type="checkbox"/> Bi-Fold 	<input type="checkbox"/> Black
<input type="checkbox"/> Laminate	<input type="checkbox"/> Z-Fold 	<input type="checkbox"/> Red
Size: _____	<input type="checkbox"/> Wrap Fold 	<input type="checkbox"/> Other _____

SPECIAL INSTRUCTIONS


STAPLE

Left Corner 


Left Spine 

Booklet 

BIND

3-Ring Binder Comb (GBC) 

Size: _____ Color: _____

Color: _____ Perfect (Glue Bind) 

CARBONLESS

Top Side

NOTE PAD

Top Side

50's 100's

VBprintShop Use Only

Proof Approved: ____/____/____ USE: Printed Original
New Due Date: ____/____/____ Digital File

Rev. 10/12 **Date Received:** _____