BOCES 2 PRINTING AND GRAPHICS	ORDER FORM TO ENSURE ACCU	IRACY ALL RED SECTION	S MUST BE COMPLETED! BW CC ABD Ham Sak EPS
Customer name	E-mail Address	Phone No.	Lam DES PIT GR GV OUT
District / BOCES 2 Department	t (see reverse side for approved list) / Bill to	Date Submitted	Date needed/Ship By
Job name		No. of originals	Proof needed (date?)
Copyright? (We respect the laws of c All copyrighted materials must have approv		81/2x11 or81/2x14 or11x17 2x31/2 or41/4x51/2 or51/2x81/2 other	QuantityPDF
O Two-sided or One-sided or	○ As Noted or ○ As per Sam	ple Shipping addr	ess/Location
○ Collated or Uncollated (1,2,3; 1,2,3; 1,2,3)	Slip Sheet (between sets) Subset Slip Shee (between sections)		
○01/v44 ○01/v44 ○44v47	12v10 17v22 191/v2E	District/Business Building	
○8½x11 or ○8½x14 or ○11x17 or (or 17x22 or	#up Street Address	
○ Black & white or ○ Full col		color(s) City, State Zip	
O Cover Stock	○ Standard Text	(Ship via: UPS B1 B2 Special pap	Interoffice) (labels/map attached
90/65 W (uncoated) color	20# (8½ x 11) 60# (11x17 or 17x22) COlO	r	paper type / color
65# M (coated) 80# Gloss100# M (coated	d) 28# (color copies) 80# Gloss32# M (co	nated) VIA (letterhead)	
Envelopes: No. 10 or No. 9 or <i>White</i> Brown Craft Manilla	○6x9 or ○9x12 ○other ○ Gummed ○ Clasp ○ Peel/Self	○ plain ○ window Seal ○ Thumb Cut	Claminate
Carbonless forms* (choose one) 2 For Printing and Graphic Straight/Forward or 2-sided	s U s e O N L Y Special Order	Cleanup originals (straighten, originals in good condition on white paper or a originals, you may request us to "Cleanup" yo charges may apply Subset Stapling (collating multipli	is PDF or other electronic file. If you have poor ur originals and create a new master - additional
1 Staple 2 Staples 1 Staple Saddle-stitt		• • • • • • • • • • • • • • • • • • •	
Customer Instructions	•	nd Graphic	s Use ONLY
	Job notes from Customer Service	Graphics	Billing
		Time	Quote #
		_	Delivery Fee \$
		# proofs	Customer PO#
		- Elec File - File Type	Out. to
		- Prev#/_	\$ PO obtained
	Paper checked /ordered	Straight Reprint or Changes # Poly or Metal Plates	Mtrls. from
	Supplied: Originals Sample None	-by#	\$
	Final Size: 81/x11 11x17 12x18	,	Finishing
	81/2x14 41/4x51/2 51/2x81/2 81/2x311/16	Total quantity printed	Collating Cutting
	2x3½ other	# Color originals/imps	Padding Folding
	Initial Spell Check	# B/W originals/imps	Scoring (digi) Drilling
	Proof Read #1 Proof Read #2	Electronic File	By Hand
Your Educational Partner of Choice	Froot Read #2	Sent to: 1050-1051 6501	Other
Monroe 2-Orleans Board of Cooperative Educational Services (SSE) 240-0074 Phons	OKAY TO PRINT Press Proof Reviewed	On: CT/1050-51 CT/6501 Press Time	Return Originals to Customer
3625 Buffalo Road (585) 349-9074 Phone Rochester, New York 14624 (585) 349-9065 Fax	This MUST BE completed BEFORE		IIIIldi