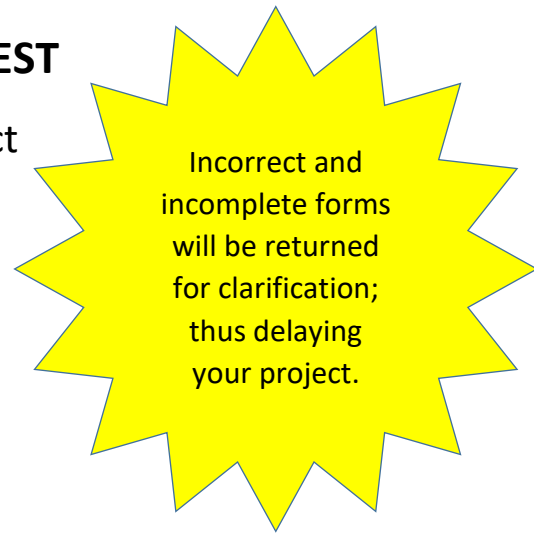


BOCES PRINT SERVICE REQUEST

White Plains City School District

(914) 422-2014



Location: _____

PTA?

Name: _____

Room: _____ Contact #: _____

Email address: _____

Document Name: _____

Completion date requested: _____

Quantity requested: _____

Must allow four (4) business days for completion of standard projects.

Number of pages in document: _____ (Count each page that contains print.)

Paper size: _____

Sides: _____

Color

B&W

Binding: _____

Paper Color: _____

Booklet covers: _____

Cover colors: _____

Special Handling: _____

Special Instructions: _____

Administrator Responsible: _____

Date: _____

Administrator Signature: _____

**Administrator signature
required for color copies only.**

SHOP USE ONLY

Date: _____

Printer: _____

Total: _____