

Printing Request

Date _____

Richland Parish Schools/Print Shop

P. O. Box 599

Rayville, Louisiana 71269

Phone: (318) 728-5964 Fax: (318) 728-6366

THIS BLOCK IS FOR CENTRAL OFFICE USE ONLY

Approved by _____

Principal _____ School _____ Date Needed _____

Form Number _____ Requested By _____ Phone _____

Description of Print Job _____ Date Completed _____

Number of Pages _____ Quantity _____ Please Circle One: Front Only **OR** Front and Back

Regular Copy Paper: Yes _____ No _____ Color _____

Card Stock: Yes _____ No _____ Color _____

NCR: Yes _____ No _____ Please Circle One: 2 Part 3 Part 4 Part

Bindery Instructions: Collate: Yes _____ No _____ Comb Binding: Top _____ Left Side _____

Fold: In Half _____ Tri-fold _____ Stapled: Top Left _____ Left Side _____ Center (Bookfold) _____

Hole Punch: 2-Hole _____ 3-Hole _____ Left Side _____ Top _____ Wrap in Plastic: Yes _____ No _____

Pad: Glued on Top _____ Glued on Left Side _____ Rubber Banded _____

Special Instructions (Explain) _____

Please send entire 2 part printing request. The yellow copy will be returned upon completion. Please include the form number or a copy of request. Please allow 2 weeks for completion of your request. RP FORM 7