School Building: _____

Dept./Grade: _____

Teacher First and Last Name: _____
(Please list all teachers if this is for a grade-level activity)

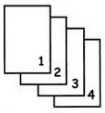
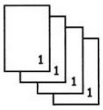
Teacher Email: _____ Teacher Phone: _____

Today's Date: _____ Date Needed: _____

Please allow 5 schools days to complete a request. Large projects may experience a longer delay.
Maximum copy order: 150 Maximum laminating/cutting order: 35
Maximum card stock order: 35
Requests for special projects which exceed these numbers require prior approval.
Please email frontdesk@steilacoom.k12.wa.us PRIOR to forwarding materials.
Please ensure no copyright laws would be violated prior to requesting copy services.

# Needed (Final # of Sets/Forms)	Description (Name of Document)	Finished Size (8.5x11 / 8.5x14 / 11x17)	Paper Type Copy Paper Card Stock Envelope	Paper Color	Ink Color (Black/Color)
	Total Number of Copies Requested				

Options

☐ Collate  ☐Group 	☐1 Staple ☐2 Staples ☐Run 1 sided – 1 sided ☐Run 1 sided – 2 sided ☐Run 2 sided – 1 sided ☐Run 2 sided – 2 sided ☐3 Hole Punch	☐Booklets ☐Cut ☐Fold ☐Laminate

Special Instruction (Delivery Info, Covers, Other):

Job Completed By: _____ Date: _____

Job Observed By: _____ Date: _____

09/27/2018