

**PALOS VERDES PENINSULA SUMMER SCHOOLS
SUMMER SCHOOL PRINTING REQUEST**

BILL TO:
____ SUMMER _____ SUMMER _____ HIGH SCHOOL
ELEMENTARY INTERMEDIATE (Acct. 195)
(Acct. 196) (Acct. 194)
Date _____ Date Needed _____ Phone or ext. # _____

Name _____ School _____

Subject _____ Summer School Room _____

WORK TO BE DONE (Please fill in or check only when necessary)

Job Title _____

Number of copies _____ x number of originals _____ = total pages _____

Work to be printed one sided _____ or two sided _____

Type of paper Paper _____ Color(s) _____

Cardstock _____ Color(s) _____

Covers _____ Color(s) _____
Front & Back _____ Front only _____

Size of paper (if other than 8½x11) _____

Finishing options Collate _____ Uncollated (stacks) _____

Staple top left _____ Spiral bound _____ 3-hole punched _____

SPECIAL INSTRUCTIONS

High School: submit to PVPSS Office manager
Intermediate: submit to your Summer Principal
Elementary: submit to your Summer Principal
Admin OK: _____

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