Ventura County Office of Education
Graphic Reproduction Services
5100 Adolfo Road, Camarillo, CA 93012
(805) 437-1310 • FAX (805) 389-4279

REPROGRAPHICS WORK ORDER

PRINT SHOP ONLY	
Work Order #	
Invoice #	
In	Out
Check work required	

Department/Organization	**Submitted by**	❑ **Call for Pick-up**
Location/Address		**Deliver to:**
Today's Date	**Date/Time Needed**	Job Description/Form Number **(ATTACH SAMPLE IF POSSIBLE)**
❑ Estimate Requested: Est. #_____ ❑ Estimate Price _____		

❑ New ❑ Revised ❑ Rerun
❑ Typeset ❑ Copier ❑ Posters ❑ Proof ❑ Bindery ❑ Shipping ❑ Other _____

Charge to Account Number	**District P.O. Number**

COPIER INSTRUCTIONS

# of Originals	**# of Copies Each**

PRINT SIDES ❑ 1>1 ❑ 1>2 ❑ 2 >2 ❑ 2 >1

COLLATE ❑ yes ❑ no

Paper Size
❑ Letter ❑ Legal ❑ Tabloid ❑ Tabloid Extra

Paper Stock	**Paper Color**

❑ **Color Copies**

BINDING INSTRUCTIONS

❑ **Hand Collate** ❑ **Inserting**
❑ **Staple:** ❑ Corner ❑ Margin ❑ Saddle
❑ Squarefold Staple
❑ **Fold:** ❑ Single ❑ TriFold ❑ Double
❑ **3Hole Drill Left** ❑ 2 at Top
❑ **Pads** _____ at _____ #sheets
❑ **Coil Binding:** Coil Size: _____
❑ **Shrink Wrap:** # of Pkgs _____
❑ **Laminating :** # Sheets_____
❑ **Other:**

LARGE FORMAT POSTER/BANNER

# of Originals	# of Each

Size(s):

❑ Color

❑ B&W

❑ Paper type

❑ Mount on Foam Board
❑ 24 x 36
❑ 32 x 40
❑ Black board
❑ White board

Special Instructions, Notes or Visual Aids

PRINT SHOP ONLY

JOB IN _____/**JOB OUT** _____
Typesetting Time: ❑ Minimum Hrs._____
Scanning: ❑
Shipping: ❑ U.S.P.S ❑ Courier ❑ FedEx
# of Pieces_____ Time_____ ❑ Mailer Cost _____

❑ **Pad** Time _____ ❑ Spiral: Time _____
❑ **Trim** # of Cuts _____ Time _____

❑ Stamp Label Insert Seal

COPIER Set-up ❑Scanning ❑ Make-ready
Time_____ Materials _____

BINDERY
Hand Collate: ❑ Set-Up _____ Hrly. _____
Hand Staple: ❑ Time_____
Fold Set-Up: Time_____ Run Time_____
Shrink Wrap: Time_____ #of Wraps _____
Laminating: Time_____ #sq.ft._____

Total Impressions								