

# SOUTHTOWN TEACHERS' CENTER WORK ORDER REQUEST FORM

PLEASE ALLOW UP TO 5 DAYS FOR COMPLETION, STC WILL ONLY CALL WHEN READY IF REQUESTED.

NAME \_\_\_\_\_ SCHOOL/ORGANIZATION \_\_\_\_\_ DATE SUBMITTED \_\_\_\_\_  
PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_ DATE NEEDED \_\_\_\_\_

☐ PICK UP ☐ \*BILL MY ACCOUNT & SEND TO \_\_\_\_\_ We can no longer send orders without a payment arrangement in place.

Orders will need to be paid upon pick up or you can open a billing account. STC will issue bills in Oct - Dec - Feb - Apr - June.

☐ I want to open an account with STC. I understand payment is due within 14 days of billing. My signature is my promise to pay.

*You only need to do this once.*

Signature \_\_\_\_\_

## COPY REQUESTS: USE SPACE ON RIGHT FOR SPECIAL INSTRUCTIONS

### PLEASE CHECK THE TYPE OF COPIES YOU NEED

☐ COPIES BLACK AND WHITE -WHITE PAPER ..... .05 EACH

☐ COLOR COPIES (COLOR INK ) ..... .25 EACH

☐ 11 x 17 B&W COPIES ..... .10 EACH

☐ 11 x 17 COLOR COPY..... .50 EACH

### SPECIALTY PAPER: SMALL UPCHARGE FOR SPECIAL PAPER.

PREMIUM WHITE: (INVITATIONS, PRESENTATIONS ETC.)

☐ HEAVY ☐ 28LB PRESENTATION

CARDSTOCK ☐ REGULAR COPY ☐ COLOR \_\_\_\_\_

☐ DOUBLE-SIDED ☐ STAPLE ☐ 3-HOLE PUNCH

## CUSTOM ORDER/ SPECIAL INSTRUCTIONS: USE BACK IF NEEDED

### PRICE QUOTE ON JOB REQUEST:

## OTHER SERVICES:

☐ LAMINATING..... 5¢ PER INCH

☐ ART WAX .....FREE PLEASE ALLOW UP TO 1 WEEK TO FINISH

☐ BINDING COMBS ..... 25¢ PER BINDING # BINDINGS NEEDED \_\_\_\_\_

**BINDING IS SELF SERVE** AND FREE WITH YOUR BINDING COMBS OR PURCHASE OUR BINDING  
due to limited staffing we cannot bind orders of more than 5 pieces. Laminated  
covers need to be pre-trimmed and tight to edge, we can't trim out pages.

## POSTERS - INCLUDES DESIGN SERVICE & LAMINATION

### STANDARD SIZES: USE BACK IF NEEDED FOR DETAILS

\_\_\_\_\_ 11" x 17" .... \$1.00 \_\_\_\_\_ 18" x 24" ..... \$4.00

\_\_\_\_\_ 24" x 24" ..... \$5.00 \_\_\_\_\_ 24" x 36" ..... \$8.00

### BANNERS/ CUSTOM SIZE....\$2.65 PER FOOT

# \_\_\_\_\_ ORDERED DIMENSIONS \_\_\_\_\_ X \_\_\_\_\_

### IF SENDING PAYMENT INCLUDE TOP PORTION OF WORK ORDER

COPIES \_\_\_\_\_ @ \_\_\_\_\_ = \$ \_\_\_\_\_ POSTERS \$ \_\_\_\_\_

LAMINATING \_\_\_\_\_ " x .05 = \$ \_\_\_\_\_ OTHER \$ \_\_\_\_\_

TOTAL DUE \_\_\_\_\_ CASH CHECK BILLING ACCOUNT



## SOUTHTOWN TEACHERS' CENTER

## CUSTOMER COPY RECEIPT OF SERVICES

NAME \_\_\_\_\_ Date Paid \_\_\_\_\_ CASH CHECK# \_\_\_\_\_

SCHOOL/ORGANIZATION \_\_\_\_\_ BILL TO: \_\_\_\_\_

### ITEM

### QUANTITY

### TOTAL

<input type="checkbox"/> TOTAL PAID <input type="checkbox"/> TOTAL BILLED TO ACCOUNT		

REVISED JULY 2017