

Orange Board Of Education
MATERIAL MANAGEMENT FORM

NAME: _____

DATE OF REQUEST: ____/____/____

Optional Phone: _____ E-Mail: _____

DATE NEEDED: ____/____/____

**Please allow 3-4 business days from
time of receipt for completion.**

SCHOOL: _____

DESCRIPTION: _____

NUMBER OF PAGES IN ORIGINAL: _____ **NOTE:** No black edges on originals. Originals must be on plain white 8 ½ X 11, 8 ½ X 14, or 11 X 17 paper.

NUMBER OF COPIES NEEDED: _____

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COLOR REQUEST

Color and Poster request must be approve by Mr. Adekunle James (B.A.) or it will be returned to its original sender.

Signature: _____
(Adekunle James, School Business Administrator/School Board Secretary)

Date: _____

SELECT YOUR PAPER

- | | | |
|---|---|---|
| <input type="checkbox"/> White bond 8½ x 11 | <input type="checkbox"/> *Gold bond 8½ x 11 | <input type="checkbox"/> NCR 8½ x 11- 3pt OR 4pt |
| <input type="checkbox"/> White bond 8½ x 14 | <input type="checkbox"/> *Blue bond 8½ x 11 | <input type="checkbox"/> NCR 8½ x 14 - 3pt OR 4pt |
| <input type="checkbox"/> White bond 11 x 17 | <input type="checkbox"/> *Green bond 8½ x 11 | <input type="checkbox"/> *Card Stock |
| <input type="checkbox"/> *Orange bond 8½ x 11 | <input type="checkbox"/> *Salmon bond 8½ x 11 | *Color: _____ |
| <input type="checkbox"/> *Yellow bond 8½ x 11 | <input type="checkbox"/> *Cherry bond 8½ x 11 | |

***Please email us to verify if the color of card stock/bond is available.**

ADDITIONAL REQUEST

- | | | |
|---|---|--|
| <input type="checkbox"/> 1 SIDED | <input type="checkbox"/> 2 SIDED (back to back) | <input type="checkbox"/> Padding, pads of 100 sheets |
| <input type="checkbox"/> Collated | <input type="checkbox"/> Un-collated | |
| <input type="checkbox"/> * Single Staple OR Duel Staple OR Hole Punch of 3 Holes (PLEASE SELECT ONE) | | |
| <input type="checkbox"/> **Saddle Stitch (Booklet format: Pages must be in multiples of 4) | | |

***Maximum number of pages for STAPLING is 100.**

****Maximum Number of pages for SADDLE STITCH is 192.**

Comments: _____

FOR PRINT SHOP USE ONLY

- | | | |
|--------------------------|--|--|
| Cause for Return: | <input type="checkbox"/> Excessive amount of black edges | <input type="checkbox"/> Missing Information/ More Information is Need |
| | <input type="checkbox"/> Return on plain white paper | <input type="checkbox"/> Pages exceed stapling or binding limit |
| | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Proper Signature Needed for Color Request |

D.O.R : _____

D.O.C : _____

If you have any questions or concerns, please contact us at obeprintshop@gmail.com