

## **CUSTOM AGENDA ORDER FORM**

9803 Broadway • Phone: 356-8846 • Fax: 805-2761

www.neisd.net/Print/PrintServices						SUBMITTED	
MISSING ACCT. #'s WILL BE CHAR	GED TO YOUR DEFAULT ACCT.					DATE	
(Dept., School, or Org.)	BILLING ACCT. #	☐ INVOICE		ACTIVITY CODE	(If applicable)		
	_	_ 	6285	_	· · · · · · · · · · · · · · · · · · ·		
POINT OF CONTACT:	PHONE NO. AND EMAIL	EMAIL ADD	RESS:	AUTHORIZED SIGNATU	JTHORIZED SIGNATURE		
GRADE QUAN	ITITY		☐ *SMALL = up to 50 sheets / 100 pgs. <i>\$6.25</i>				
	☐ SPANISH	SIZE:	☐ *MEDIUM = 51-75 sheets / 102-150 pgs. <b>\$6.90</b>				
	☐ ENG / SPA	<u>~</u>	<b>LARGE =</b> 76-90 sheets / 152-180 pgs. <b>\$7.50</b>				
ONLY ONE FORM PER AGENDA BOOK. (COMBINED)			*If pages exceed the size specified on this form then your order will be upgraded to the next size up.				
		TAB	5				
Tab 1	Tab 2	Tab 3		Tab 4	Tab 5	\	
	/ 1002	100 0		100 4	1000		
TAB COLOR			COIL COLOR				
□ BROWN □ ORANGE			☐ BLACK		□ NAVY BL	IIE	
☐ BLUE	□ PURPLE				_	OL	
☐ CLEAR	□ RED		☐ BLUE		☐ RED		
☐ GREEN	☐ YELLOW		☐ CLEAR		☐ SILVER		
☐ GRAY	7//		☐ FORRES	T GREEN	□ WHITE		
			- 0\				
POCKET: YES	NO Qty:	7 90	3-HOLE PL	JNCH: YES	INO		
(ADDITIONAL COST 50 CENTS PER POCKET)			(ADDITIONAL COST 20 CENTS PER BOOK)				
SPECIAL COMMENTS:			SPECIAL COMMENTS:				
SPECIAL COMMENTS:							
ш							
SHIPPING			OFFICE USE ONLY				
☐ CUSTOMER PICK UP ☐ CALLED			# OF SHEETS:_	cc	OIL SIZE:		
CONTACT:CUSTOMER			ESTIMATED DEADLINE:/				
PH#: DATE:			DATE OF DELIVERY://				
☐ DELIVER BY PONY ATTN:			Approval tabs: Approval cvr: Approval pgs:				