

INVOICE# _____

ESU 7 office use only

**Educational Service Unit 7
PRODUCTION REQUEST FORM**

2657 44th Avenue ~ Columbus NE 68601
Phone 402-564-5753

(Please attach this form to material)

All information in this area must be completed.

If material is copyrighted, release is required!

Notice: Copyright Law, Title 17, U.S. Code will be observed.

School _____

Name _____ Teacher# _____
Last First

Date Submitted _____

Date Needed _____

Material Description _____

Number of Pages in Original _____

Number of Copies of each page _____

Color of Paper _____

Printed: One side _____ Two sides _____

Cover: Regular paper _____ Coverstock _____

Front Cover only _____ Front & Back Covers _____

*LAMINATE COVERS _____

Color Copy (color originals required) _____

Group 111, 222, 333

Collate/Sort 123, 123, 123

Staple (Circle choice)



Left



Two Left



Landscape



Saddle Stitch

3 hole punch

Plastic Binder (Circle choice)



Co



Cut

Fold (send sample)

Pad No. in each pad _____