



Job Number

Routed to:

Fill the Above Invoice/Order Form to the best of your knowledge, noting that some fields will be completed by your Project Specialist.

CUSTOMER INFORMATION

Date of Order _____ Date Job Needed _____ Location _____ Loc. # _____
 Please do not write **ASAP** or **RUSH** - Normal turn around time is 7-10 working days.

Contact Name _____ Phone/Cell _____ Email _____

Payment Method: *Req. No. _____ P.O. No. _____ *Our vendor number is 12878. Internal Orders (Lawson) must be marked "X" on item type and "IO" on buyer for requisition to be processed.

Activities Fund Credit Card Check Cash Other _____ Billing Address _____

Delivery of Job: APS Interoffice Mail Call for pickup _____ Personal/Non-APS Order **GES JOB QUOTE** \$

ITEM, PRICE, SPECIFICATIONS & QUANTITY

LETTERHEAD

One Color Only: Blue Ink Black Ink High School Color _____ Quantity _____ ream(s)
 Executive Team* Letterhead: Red Logo, Blue Text Quantity _____ ream(s)

*Please Note: Executive Team and /or Directors may choose red logo and blue type. Otherwise, options are blue or black ink. **No other options available.**

Information to go on Letterhead

*Please Note: The APS P.O. Box is included on all City Center letterhead It is the official mailing address of Albuquerque Public Schools.

School or Department Name: _____
 Physical Address: _____
 Directors/Principal/Managers Name: _____ Title: _____
 Phone Number: _____ Fax: _____ E-mail (optional): _____

ENVELOPES

Envelope Type: #10 Regular Bus. #10 Window #9 Bus. Reply Other Env. Size _____ Quantity _____ box(es) (500 per box)
 Please call or e-mail for envelope prices
 One Color Only: Blue Ink Black Ink High School Color _____

Information to go on Envelopes

School or Department Name: _____
 Physical Address: _____

MEMO PADS

Size: 8.5 x 11 8.5 x 5.5 4.25 x 5.5 **Color (One Only):** Blue Ink Black Ink **Format:** 25 page pad Quantity _____ pads
 Please call or e-mail for prices and availability 50 page pad Quantity _____ pads
 100 page pad Quantity _____ pads

Information to go on Memo Pads

School or Department Name: _____
 Directors/Principal/Managers Name: _____ Title: _____
 Other Information (optional): _____

GES USE ONLY

JOB COMPLETED BY

DATE