BUSINESS CARDS INVOICE/ORDER FORM (AD12b)

912A Oak Street SE • Alb, NM 87106 • 505.842.3696 • Fax 505.842.3552

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

Graphics **Enterpris**

nter • Managed Print Services • The Teachers'Toolbox • City Centre Copies • District Imaging and Archive Center

Job Number

Routed to:

CUSTOMER INFORMATION

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Date of Order	Date Job Needer] SAP or RUSH - Normal turn	around time is 7-10 working days.		Loc. #	
ontact Name Pho						
Payment Method: *Req. No		P.O. No	*Our vend type and "	*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	redit Card 🗌 Check 🗌 C	ash 🗌 Other	Billing Address			
Delivery of Job: APS	Interoffice Mail Call fo	r pickup	Personal/Nor	-APS Order GES JOB QU	IOTE \$	
SINESS CARD (QUANTITY & SP	ECIFICATIO	NS			
Quantity Single S	Gided 250 Cards (\$16.0	00) 500 Cards (\$25	5.00) 🗌 1000 Cards (\$40.00))		
		,	28.00) 🗌 1000 Cards (\$46.0			
		()	(, , , , , , , , , , , , , , , , , , ,	-1		
FOR MULTIPLE I continue with form		umber of Names	Total Number c	of Cards (Include cards from form AD	12b2)	
	PS OPTIONS These op on tapply for these options. Call for		APS Standard Business Cards.	\$35/hr fee applies for cr	ustom design and edits	
Double Sided Card*	Full Bleed* Custor	n Paper*	Cus	tom Ink 🗌 Full Color 🗌 Oth	her*	
Please Format* (se	et up fee will apply)	File Provided by Custo	omer (Must submit print qualit	y pdf, sized 3.5"x2")		
Special Instructions:						

PUBLIC SCHOOLS

INFORMATION FOR BUSINESS CARD Fill out according to what you would like printed on the card. If you are ordering one set of cards, please complete the information below. If you are ordering multiple sets of cards, please fill out additional names on form AD12b-2 ALBUQUERQUE Location Name **PUBLIC SCHOOLS** Address (include State and Zip) _ **Employee Name** Title _ Title_ Your Name_ SCHOOL/DEPARTMENT 6400 Uptown Blvd. NE, Suite 222E 505.555.5555 P.O. Box 25704 FAX 505.857.0201 Credentials. ____ Phone. _ Fax_ Albuquerque, NM 87125-0704 email_address@aps.edu Standard APS Business Card Format Email_ Website/Cell Phone (optional)_ Please Email/Fax Proof to_ Proofed OK Changes Okay to Print w/changes Print Proof Approved by_ **GES USE ONLY JOB COMPLETED BY** DATE White = Accountant Yellow = GES Specialist Pink = Customer REV 8 2019 Click adjacent Submit Form Button, to send pdf to APS Graphics Enterprise Services or simply print form and fax to 505.842.3552.