



aps.edu/graphics

912A Oak Street SE • Alb, NM 87125-0704
842-3696 • Fax 842-3552

Job Number

Routed to:

This form must be filled out completely. Please print clearly.

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. _____ Date P.O. Rec'd. _____ P.O.Amt \$. _____

*Our vendor number is 12878. Internal Orders (Lawson) must be marked "X" on item type and "IO" on buyer for requisition to be processed.

Other method of payment: Activities Fund PO AF Check Check Cash Other _____ Non-APS

Delivery of Finished Job: Please send through APS Interoffice Mail Please call for pi

GES 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 Number of Pages _____ Quantity _____ pads

Please call or e-mail for prices and availability

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