



# Graphic Design Services Work Order

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of FCSS Department, School or Agency (if school, include district): \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Job Name: \_\_\_\_\_  
(title of the design job being requested)

Proof Due Date: \_\_\_\_\_ Final Due Date: \_\_\_\_\_  
(DO NOT put ASAP, please use an actual date)

Authorizing Signature: \_\_\_\_\_

## Method of Payment:

\*FCSS Departments please use budget line below

FCSS Transfer of Funds (schools and districts only)

Check (check # required): \_\_\_\_\_




Invoice (P.O.# required): \_\_\_\_\_

(Failure to provide a P.O. number may result in a Transfer of Funds)

Request Estimate First: Yes No

### IMPORTANT:

Printing services are no longer provided.  
Client is responsible for printing.

JOB(S) REQUESTED	CORE ITEMS (FCSS)																		
<p>New Design   Revise Existing   Modify Provided File Flyer/Publication Approval (include file link for expediency)</p> <p><b>Purpose of design?</b> Email   Web   Print   Other: _____ Please be sure to specify as many details as possible such as themes, colors, dimensions, file names, file links etc.</p>	<p><b>FCSS Envelopes</b> Write number of boxes below. 500 envelopes per box</p> <div> #10 Regular Envelopes _____</div> <div> #10 Windowed Envelopes _____</div> <div> #9 Return Envelopes _____</div>																		
	<p><b>STANDARD REQUISITION MATERIALS (Schools)</b></p> <table><thead><tr><th>ITEM</th><th>AMOUNT</th><th>COST</th></tr></thead><tbody><tr><td>Cumulative Record Folders (50¢ ea.)</td><td>_____</td><td>_____</td></tr><tr><td>Diploma Jackets (45¢ ea.)</td><td>_____</td><td>_____</td></tr><tr><td></td><td><b>Subtotal</b></td><td>_____</td></tr><tr><td></td><td><b>Tax</b></td><td>_____</td></tr><tr><td></td><td><b>TOTAL</b></td><td>_____</td></tr></tbody></table>	ITEM	AMOUNT	COST	Cumulative Record Folders (50¢ ea.)	_____	_____	Diploma Jackets (45¢ ea.)	_____	_____		<b>Subtotal</b>	_____		<b>Tax</b>	_____		<b>TOTAL</b>	_____
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	<b>TOTAL</b>	_____																	
	<p><b>GRAPHICS USE ONLY:</b></p> <p>Notes: _____</p> <p>Proof approved by: _____ Date: _____</p> <p>Design Time: _____ Cost \$ _____</p> <p>Initials: _____ Completed: _____</p>																		

je 03.13.24

\*For FCSS Departments use only

	FUND	RESC	Y	GOAL	FUNC	OBJ	DEPT	MGR
(dr)						571054		
(cr)	0100	00000	0	0000	7200	571054	0602	002

Subtotal

Tax

Total Cost

SCHOOLS & OUTSIDE AGENCIES ONLY