

CCIU LAMINATION ORDER FORM

Outside Items – Fee Required

**Required Fields*

Orders must be submitted **ONE-WEEK** prior to date needed. Please be sure to **COMPLETE THE ENTIRE FORM!**

***Name:** _____ ***Today's Date:** _____
PLEASE PRINT

Check the box that applies to you: I work for CCIU I work for a school I work for CCIU in a school

_____ **DISTRICT/CCIU**

_____ **SCHOOL/DEPARTMENT (PROGRAM)**

***Contact Phone:** _____

***Contact E-mail:** _____

***Who is paying** (School/CCIU Dept./Self):

Bill the School/District

Bill CCIU Department

NAME OF DEPARTMENT

Email Invoice for Immediate Payment

PAY on Pick up

ASN# IF AVAILABLE

E-MAIL ADDRESS PLEASE PRINT

I have read through this form and have filled it out to the best of my ability. If I have chosen to Bill the School/District or Bill CCIU Department, I know that I have permission to bill my district/department. If the district/department denies the expense, I understand that it is my responsibility to cover the cost.

***Signature** -- If form sent via email, please type your initials as your digital signature

Number of Items:

Item Description _____

Lamination larger than 24" wide will be **folded and passed** through twice with an additional charge of \$2.00.

Delivery Method

Delivery
(COURIER ROUTE SCHOOLS ONLY)

Pick Up

_____ **DISTRICT**

_____ **SCHOOL**

NOTES:

For Teacher Center Use Only	Completed By: _____	Completed Date: _____ #/Feet: _____
	COURIER #: _____	INVOICE #: _____