

Graphic Design Services Work Order

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Nar	Jame: Date:						Method of Payment:					
Name of FCSS Department, School or Agency (if school, include								FCSS Transfer of Funds (schools and districts only				
Phone/Email:									Check (check # required):			
								(Failure to provide a P.O. number may result in a Transfer of Funds)				
Job Name:									Request			
Proof Due Date: Final Due Date: (DO NOT put ASAP, please use an actual date)								Printing services are no longer provided.				
Authorizing Signature:								Client is responsible for printing.				
JOB(S) REQUESTED								CORE ITEMS (FCSS)				
New Design Revise Existing Modify Provided File Please be sure to specify as many details as possible such as themes, colors, dimensions, file names etc.							#10 Regular Envelopes #10 Windowed Envelopes #10 Win					
	FUND	RESC	Y	GOAL	FUNC	OBJ		DEPT	MGR	Subtotal Tax	SCHOOLS & OUTS	IDE AGENCIES ONLY
(dr)						57105	54			iax		
(cr)	0100	00000	0	0000	7200	57105	54	0602	002	Total Cost		