

COPY REQUEST FORM

Please submit this form in a folder or envelope with your document. **DO NOT** staple.

Do not submit the original as editing may be necessary.

Please identify your document to be copied as one of the following:

_____ **Bugle Insert (925 copies)**

Copies will be available in the copy room on the 500 hall for pick up by the Bugle Distribution Chairs in the designated drawers.

_____ **Specific Number** for distribution.

_____ **Flyer**

Copies will be left for the Committee Chair in the copy room on the 500 hall in the designated drawers and should be distributed as follows:

_____ **Color:** If available _____

RECIPIENT	QTY
Teacher Boxes (K, 1 st , 2 nd , 3 rd)	22
Pre-K (Beech)	8
Spec. Ed (Meadows)	10
Teacher Boxes (4 th , 5 th)	30
Front Office	30
Information Central	50
PTA Mail Basket	2
Web Page Chair	1

DATE DUE: _____

NAME: _____

TELEPHONE: _____

CORRESPONDENCE APPROVALS:

Please allow time for the approval process

SUBMITTED BY:	NAME	DATE
Approved by Vice President		
Approved by Co-President		
Approved by Administration		
Sent to Copy Crew		
Completed		