

Shoemaker Elementary PTO Job Details Sheet

Date Submitted: _____ Due Date: _____

Committee to bill to: _____

File Name: _____

File Type: [] .doc [] .pdf [] .xls [] .pub

Quantity: _____

Cutting: [] Half sheet [] Third sheet [] Quarter sheet

Paper color: [] White [] Other: _____

Special Instructions:

Please notify when ready for pick up:

Name: _____

Phone: _____ Email: _____

Please contact if questions: _____

Phone: _____ Email: _____