

# ANDREWS PRINTING

16530 S. Halsted • Harvey, Illinois 60426

(708) 333-6536 • Fax (708) 333-6576

ed@andrewsprinting.net • kathy@andrewsprinting.net • www.andrewsprinting.net  
(Vendor #41585)

Date \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Unit # \_\_\_\_\_ MR # \_\_\_\_\_ Your Name \_\_\_\_\_

Commodity	Product Description	Unit/Pack	Size	# of Packs	Price	Total
5	School Treasurer's Receipt for Funds	EACH	Book		\$ 9.50	
6	Teacher's Receipt for School Funds	EACH	Book		\$ 7.50	
10	Expenditure & Requisition Purchase Order	25	3-Part NCR Form		\$ 10.00	
15	Concession Sales Record	50	2-Part NCR Form		\$ 9.00	
95	Employee Assault Report	25	6-Part NCR Form		\$ 16.00	
97	Incident Report	25	3-Part NCR Form		\$ 11.00	
100	Misconduct Report	25	4-Part NCR Form		\$ 17.00	
120	Textbook Record - High School Student	100	Card		\$ 8.50	
126	High School Lost or Damaged Book Report	100	3-Part NCR Form		\$ 12.00	
184	Registration Card	100	Card		\$ 7.50	
186	Elementary Student Progress Report	100	2-Part NCR Form		\$ 24.00	
188	Elementary School Weekly Time Distribution	100	Form		\$ 9.00	
194	Elementary School Enrollment Form	100	4-Part NCR Form		\$ 52.00	
196	Elementary School Admit Slip (PAD)	100	Pad		\$ 6.50	
201	Request for Emergency Information (ENGLISH)	100	3-Part NCR Form		\$ 24.00	
202	Emergency Information Record	100	Card		\$ 7.50	
207	Request for Emergency Information (SPANISH)	100	3-Part NCR Form		\$ 27.00	
223	Entry Records for Students Transferring to High School	50	Envelope		\$ 18.00	
229	Cumulative Record Card	100	Card		\$ 19.00	
231	Teacher Information Card for Temporary Personnel	100	Card		\$ 7.50	
235	Transfer Slip	100	Card		\$ 23.00	
280	Vision School Record on Child Not Wearing Glasses	100	Form		\$ 10.50	
290	Cumulative Health Record Folder	25	Folder		\$ 13.00	
291	Certificate of Child Health Examination (PAD)	100	Pad		\$ 7.50	
292	Dental Examination Record (PAD)	100	Pad		\$ 7.50	
293	Pupil Health Record	100	Form		\$ 9.00	
294	Referral For Pupil Health Services	100	2-Part Form		\$ 31.00	

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Commodity	Product Description	Unit/Pack	Size	# of Packs	Price	Total
310	High School All Purpose Absence Card (PAD)	100	Pad		\$ 6.50	
326	Official Record and Transcript	100	Form		\$ 10.50	
327	Envelope for Student Records	50	Envelope		\$ 36.00	
465	Book Receipt	100	Form		\$ 8.50	
473	Receipt for Lost Library Materials	100	Form		\$ 8.50	
499	Telephone Message Memo (PAD)	100	Pad		\$ 6.50	
503	Daily Record of Employee's Time (PAD)	100	Pad		\$ 8.50	
505	Employee Cause of Absence	100	2-Part NCR Form		\$ 30.00	
578	High School Student Withdrawal/Release Record	100	5-Part NCR Form		\$ 25.00	
602	Application for Student Travel	25	Form		\$ 8.50	
605	Fire and Disaster Drill Report	100	Form		\$ 8.50	
642	Daily Time Record for Day to Day Substitute Teachers (PAD)	100	Pad		\$ 8.50	
645	Proxy Order	100	Form		\$ 10.50	
799	Visitor's Pass	200	Card		\$ 8.50	
G600	Report of Accident or Injury to Student or Visitor	50	3-Part NCR Form		\$ 26.00	
LH	Letterhead, Gray Classic Laid, Blue Ink	500	8 1/2 x 11		\$ 132.00	
LH	Letterhead, Gray Classic Laid, Blue Ink	1000	8 1/2 x 11		\$ 191.00	
LH	Letterhead, Gray Classic Laid, Blue Ink	2500	8 1/2 x 11		\$ 370.00	
EPS	Envelopes, Gray Classic Laid, Blue Ink	500	#10		\$ 186.00	
EPS	Envelopes, Gray Classic Laid, Blue Ink	1000	#10		\$ 297.00	
EPS	Envelopes, Gray Classic Laid, Blue Ink	2500	#10		\$ 623.00	
EPS	Envelopes, Economy White, Black Ink	500	#10		\$ 95.00	
EPS	Envelopes, Economy White, Black Ink	1000	#10		\$ 125.00	
EPS	Envelopes, Economy White, Black Ink	2500	#10		\$ 232.00	
BC	Business Cards, Gray Classic Laid, Blue Ink	500			\$ 57.00	

**\*\* Please Note \*\***

*Due to the current extreme volatility in the paper & raw materials markets, envelope prices are subject to change.*

**SUB TOTAL:** \_\_\_\_\_

**PLEASE SUBMIT TO PURCHASING**

**+ SHIPPING: \$22.00 (FLAT FEE)**

**TO OBTAIN A P.O. #** \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_



- Sample Letterhead -

**Your School Name**  
Your Address • Chicago, Illinois 606XX  
Telephone: 123/000-0000 • Fax: 123/000-0000

Your Principal's Name Here  
*Principal*

Your Assistant Principal's Name Here  
*Assistant Principal*

**LETTERHEAD**



Address  
City, State, Zip  
Office: xxx/xxx-xxxx  
Fax: xxx/xxx-xxxx  
email

**BUS. CARDS**

**Name**  
Title  
School Name



**Frederick Douglass Academy High School**  
543 N. Waller Avenue  
Chicago, Illinois 60644

**#10 ENVELOPES**

*We will send a proof for approval before printing all orders.*

EMAIL ADDRESS TO SEND PROOF \_\_\_\_\_

**Please type copy for stationery orders below**