

## MINISTRY PRINTING REQUEST FORM

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Event: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ministry Name: \_\_\_\_\_

Coordinator: \_\_\_\_\_

### PROGRAM PRINTING:

Provide the documents and printing information by filling-out the boxes below.

Requested Pick up Date: \_\_\_\_\_

Number of originals: \_\_\_\_\_

Number of copies needed: \_\_\_\_\_

Double-sided copies: YES or NO

Copy Type: COLOR or BLK & WHITE

Other Instructions: \_\_\_\_\_

Submit originals with this form or provide the disk. Originals/disk will be returned.

Give file name: \_\_\_\_\_

#### **Point of Contract Information:**

Coordinator's contact #: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

**NEED PROGRAM DESIGNED:** (CIRCLE ONE)      YES      NO

Type of Program requesting:

Flyer\_\_\_\_      Announcement Card\_\_\_\_      Program\_\_\_\_      Certificate\_\_\_\_

The Admin Staff will contact you a.s.a.p. to confirm whether they will be able to design the program. (Design: Flyer, Program, bulletin, etc. )

### ROUTING CHAIN

**ADMIN STAFF: Received & Reviewed by:** \_\_\_\_\_

**Date Received:** \_\_\_\_/\_\_\_\_/\_\_\_\_      **Frw'd on:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**PASTOR: Reviewed by:** \_\_\_\_\_

**Decision: (initial in box)**        **Approved**        **Disapproved**

**Pastor's Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADMIN STAFF: Informed Member on** \_\_\_\_/\_\_\_\_/\_\_\_\_      **Completed:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Date Picked Up:** \_\_\_\_/\_\_\_\_/\_\_\_\_      **Signature:** \_\_\_\_\_