All requests need to be submitted no later than Wednesday at 12 noon. ADMINISTRATIVE ASSISTANT SERVICES REQUEST

Mini	stry Name:	Date submitted:	
Requ	ested by:	Date needed:	
		(Please allow at least 1 week for your request)	
[]	Copies	Number of copies requested	
	() Black & White	() Color	
	() White paper	() Cardstock	
	() Colored paper (indicate color(s):)		
	() Single-sided	() Double-sided	
	() Collated	() Stapled	
	() Hole-punched [() o	ne () two () three]	
[]	Bulletins	Number of copies requested	
	Name of event		
	Date of event		
	Any other special instructions (please attach an example):		
	Date(s) to post announcement:,,,,,,		
[]	One Call Announcement		
	Date(s) to announce:		
	Special instructions		
[]	Flyer	Number of copies requested	
	() Black & White	() Color	
	() Size (1/2 page _	full pageposterother)	
[]	Letter	Number of copies requested	
	(Please attach an example and include name, address & salutation requested)		
	() Letterhead () Plain paper () Colored paper (indicate color)		
	[] Mail [] Stamp [] Will pick up [] Leave in Ministry mailbox		
[]	Add postage and mail		
[]	Other:		