CLERICAL REQUEST FORM

NOTE: PLEASE ALLOW 10 WORKING DAYS FOR COMPLETION.

(You will receive a response within 3 working days.)

oday's Date:	Division:	Ministry:
☐ Mailing Labels	☐ Mass Printing	☐ Add to Website
☐ Design Program	s General Mailing	☐ Add to Social Media
☐ Make Copies	Number (25 or more)	☐ Add to Announcements
		☐ Add to Bulletin/ WWM
Date Needed:		
Contact Person		
First Name:	Last Name:	
Phone Number 1:	Phone Number	2:
Ministry:	E-mail:	
Please include special instructions, additional comments, test, layouts sketches, etc.		
Note: Any items n	ot printed through the church office must be appr	roved before going to print.
	Office Use Only:	
Date Received:	Time: Receive	ed By:
Date Completed:	Time: Comple	eted By:
Paper Type:	Single/Double: B&W/Color:	Total Cost: