



JAIL INDUSTRIES – ENGRAVING SHOP

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ORDER FORM

Date:	Requesting Department/Agency:	Sacramento County Mail Code:	
<i>If you wish this job to be billed through a journal voucher, the information below <u>must</u> be completed. Paying by check or money order, please specify.</i>			
Completion Date Requested:	Purchase Order #:	Cost/Fund Center (Sac. County only)	General Ledger Acct (Sac. County only):
Date needed:	Contact: Phone:		
Alt Phone:	Fax: E-mail:		
Address:	City: State:		Zip:

NAMEPLATES / HOLDERS

Qty:	Product/Catalog No.:	Size:	Color:	Holders (<i>check one</i>):	Holder Color (circle one):	Notes:
				<input type="checkbox"/> Wall <input type="checkbox"/> Desk	<input type="checkbox"/> Gold <input type="checkbox"/> Silver <input type="checkbox"/> Black	
Notes:						

PLAQUES

Qty:	Product/Catalog No.:	Size (Width x Height):	Description:
Notes (You may type wording for the plaque here or attach separate sheet):			

OTHER (Specify below)

Qty:	Product/Catalog No.:	Size:	Color:	Description:
Notes:				