



Pennsylvania Association of School Business Officials

PO Box 6993
Harrisburg, PA 17112-0993
(717) 540-9551 Fax: (717) 540-1796
www.pasbo.org

Label Request Form

Payment must accompany request form in order to process.

Contact Name _____ Date _____

Business Associate (employer) _____

Mailing Address _____

City/State/Zip Code _____

Telephone _____ Fax _____ Email _____

■ **Select your choice of market from the following categories:** *(A minimum charge of \$40 is applied to all orders.)*

- | | | | |
|---|------|---|--------------|
| <input type="checkbox"/> Business Affairs 02 (727 labels*) | \$50 | <input type="checkbox"/> Public Relations 05 (11 labels*) | \$10 |
| <input type="checkbox"/> Buildings & Grounds 04 (376 labels*) | \$25 | <input type="checkbox"/> Purchasing 07 (53 labels*) | \$10 |
| <input type="checkbox"/> Accounting 12 (357 labels*) | \$20 | <input type="checkbox"/> Technology 06 (118 labels*) | \$10 |
| <input type="checkbox"/> Board Secretaries 14 (6 labels*) | \$10 | <input type="checkbox"/> Transportation 10 (167 labels*) | \$10 |
| <input type="checkbox"/> Child Accounting 08 (13 labels*) | \$10 | | |
| <input type="checkbox"/> Food Service 09 (147 labels*) | \$10 | <input type="checkbox"/> Full Set (includes all categories listed) | \$125 |
| <input type="checkbox"/> Human Resources 11 (95 labels*) | \$10 | (A \$30 savings!) | |

**Label counts are estimates based on all regions of PA.*

Total Amount Due with Request \$ _____

■ **Select the order you would like your labels:**

- Zip Code Order Alpha by Last Name Order
 Alpha by School Entity Order Job Code Order

■ **Select from the following PASBO regions (See back for map):**

- | | | | | |
|-----------------|---------------------|-----------|---------------|--------------------|
| All Regions | Keystone Shortway | Mid-East | North Central | Southwest |
| Central | Lancaster – Lebanon | Mid-State | Northeast | Susquehanna Valley |
| Delaware Valley | Lehigh Valley | Mid-West | Northwest | West Central |

Important: Please allow five business days for processing once request form and payment are received by the PASBO office. A minimum charge of \$40 is applied to all orders.
Have a special order request? Call the PASBO office at (717) 540-9551.

■ **Method of Payment:** Check Enclosed **OR** Credit Card*

**Credit Card payments may be faxed to (717) 540-1796.*

Cardholder Name: _____

Card # _____ Exp. Date: _____

Amount: _____ Date: _____

Signature: _____

Please supply your UPS shipping number if you would like them shipped overnight mail.

Acct #: _____

