



July 24, 2018

MEMORANDUM

No. 453, s. 2018

**PROTOCOL ON PRINTING AND/OR REPRODUCTION OF LEARNING RESOURCES
AND OTHER MATERIALS FOR OFFICE/DISTRICT/SCHOOL USE**

TO : Assistant Schools Division Superintendents
CID/SGOD Chiefs
DEPS & PSDS/DIC's
Division Section Heads
School Heads Elementary, Junior and Senior High Schools
All Concern

1. This office announces the new protocol of printing and/or mass reproduction of learning resources or other materials for school/division-wide utilization. This is made due to the transfer of the **Risograph Machine** and the operator, Mr. Dionesio Pontifela at the Division Learning Resource Center.
2. Attached is the Request Form for the end-user to comply prior to the printing or reproduction of materials, this is one way of tracking the care, maintenance and utilization of the machine and to account whether the printing materials such as toner, master roll, bond papers and the others will be provided or be produced by the requesting party.
3. Please be guided accordingly.
4. Immediate and wide dissemination of this Memorandum is desired.

WILFREDA D. BONGALOS, Ph. D., CESO VI
Schools Division Superintendent

7/24/18 9

WDB/CID/LRMDC/rra
Use of Riso Machine

12 5 JUL 2018



1.1 REQUEST FORM

Name: _____ Date: _____

Office/District: _____ Cell No. _____

1.1.1. GENERAL DESCRIPTION OF THE RESOURCES:

Title of Resource/s: _____

Other Material/s: _____

Nature of Resource: (Check the appropriate box)

Learning Resource Teaching Resource PDMs Others

Intended User/s (Grade Level/Office/etc.): _____

1.1.2. Check all the Services Requested:

Reproduce **Print Resource** in current format

Reproduce in **E-copy**

No. of Copies Requested per Material: _____

1.1.3. Requested By:

 (Signature over Printed Name)

Contact Details: _____

1.1.4 To be filled up by the Division LRC Personnel: (Requirements to be complied by the requesting party prior to reproduction)

Book Paper 20 Long Book Paper 20 Short CD+RW
 White Woove Long White Woove Short USB
 Developer Toner CV Black Master Roll CV

Remark/s: _____

----- (Detach this Portion) -----

1.2 CLAIM STUB:

Name of Requesting Party: _____ Office: _____

Title of the Resource/Material/s: _____

No. of Copies Requested per Material: _____

Approved:

ROSELA R. ABIERA
 DEPS, LRMDS Manager

Date: _____, 20__



1.1 REQUEST FORM

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1.1.3. Requested By:

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Contact Details: _____

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<input type="checkbox"/> Book Paper 20 Long	<input type="checkbox"/> Book Paper 20 Short	<input type="checkbox"/> CD+RW
<input type="checkbox"/> White Woove Long	<input type="checkbox"/> White Woove Short	<input type="checkbox"/> USB
<input type="checkbox"/> Developer Toner CV Black	<input type="checkbox"/> Master Roll CV	

Remark/s: _____

----- (Detach this Portion) -----

1.2 CLAIM STUB:

Name of Requesting Party: _____ Office: _____

Title of the Resource/Material/s: _____

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ROSELA R. ABIERA
 DEPS, LRMDS Manager

Date: _____, 20__