

REQUISITION FOR PRINTING AND BINDING SERVICE		FUND <input type="checkbox"/> APPROPRIATED <input type="checkbox"/> NON-APPROPRIATED	DATE	ACTIVITY ORDER NUMBER	PLANT USE ONLY	JOB NUMBER									
TO:		THRU: (Appropriate Printing Control Authority)		FROM: (Originating Agency and Person to contact & telephone extension)											
1. TITLE OF PUBLICATION				2. NUMBER AND DATE											
3. PURPOSE, FUNCTION, ECONOMIES EFFECTED AND CONCURRENCES															
4. QUANTITY IN: <input type="checkbox"/> SHTS <input type="checkbox"/> SETS <input type="checkbox"/> BOOKS <input type="checkbox"/> PADS <input type="checkbox"/> OTHER (Specify in Item 13)				5. SIZE OF PUBLICATION		6. NUMBER OF PAGES									
a. PARTIAL DELIVERY REQUESTED		b. COMPLETE DELIVERY REQUESTED		a. TRIM SIZE			b. FOLDED TO								
DATE	QUANTITY	DATE	QUANTITY	WIDTH	LENGTH		WIDTH	LENGTH							
7. BINDING (Use item 13 for additional instructions)				8. PAPER STOCK		9. PRINT									
<input type="checkbox"/> LOOSE <input type="checkbox"/> SIDE STITCHED		PAD <input type="checkbox"/> TOP <input type="checkbox"/> LEF <input type="checkbox"/> RHT <input type="checkbox"/> BTM		COP-IES	BASIS WEIGHT	KIND	COLOR	COLOR INK	FACE ONLY	HEAD TO					
<input type="checkbox"/> GLUED <input type="checkbox"/> SADDLE STITCHED		SHEETS IN PAD	SETS IN PAD							SHEETS IN SET	HEAD	FOOT	SIDE		
10. PUNCHING				11. MATERIAL DISPOSITION		12. CLASSIFICATION		13. ADDITIONAL INSTRUCTIONS, DUMMY ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO (Perforations, scoring, prenumbering, etc.)							
NR HOLES	DIAMETER	C TO C	KIND	POSITION	HOLD	DESTROY	RETURN TO	14. DISTRIBUTION INSTRUCTIONS (If desired, also indicate person to be notified when job is completed.)		15. APPROPRIATION CHARGEABLE					
										<p style="text-align: center;">CERTIFICATION</p> <p>THAT THE USE OF MORE THAN ONE COLOR IS IN ACCORDANCE WITH DEPARTMENTAL REGULATIONS. THAT THE ILLUSTRATIONS USED IN THIS PUBLICATION ARE NECESSARY AND RELATE ENTIRELY TO THE PUBLIC SERVICE. THAT THIS WORK IS AUTHORIZED BY REGULATIONS AND IS NECESSARY TO THE CONDUCT OF OFFICIAL BUSINESS.</p>					
										16. ORIGINATOR (Typed Name, Signature and Date)					
										17. ACTION BY PRINTING CONTROL AUTHORITY <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED					
										TYPED NAME, SIGNATURE AND DATE					
FOR PLANT USE ONLY		18. DATE RECEIVED		19. PRIORITY		23. PRESS SIZE		HRS IN USE		NO. OF MASTERS		PRESS IMPRESSIONS		PRODUCTION UNITS	
						X									
		20. DATE PROMISED		21. DATE COMPLETED		22. DATE DELIVERED		X							
								X							
						X									
RECEIPT OF COMPLETED JOB							24. RECEIVED BY		25. ORGANIZATION SYMBOL			26. DATE			