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|---|--|--|------------------------------|--|---|--|---|
| 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: <i>(Appropriate Printing Control Authority)</i> | | FROM: <i>(Originating Agency and Person to contact & telephone extension)</i> |
| 1. TITLE OF PUBLICATION | | | | | 2. NUMBER AND DATE | | |
| 3. PURPOSE, FUNCTION, ECONOMIES EFFECTED AND CONCURRENCES | | | | | | | |
| 4. QUANTITY IN: | | SHTS | SETS | BOOKS | PADS | OTHER <i>(Specify in Item 13)</i> | |
| a. PARTIAL DELIVERY REQUESTED | | b. COMPLETE DELIVERY REQUESTED | | a. TRIM SIZE | | b. FOLDED TO | |
| DATE | QUANTITY | DATE | QUANTITY | WIDTH | LENGTH | WIDTH | LENGTH |
| 7. BINDING <i>(Use item 13 for additional instructions)</i> | | | | 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 |
| <input type="checkbox"/> GLUED | <input type="checkbox"/> SADDLE STITCHED | SHEETS IN PAD | SETS IN PAD | SHEETS IN SET | | BASIS WEIGHT | |
| <input type="checkbox"/> OTHER | | | | | | | COLOR |
| 10. PUNCHING | | | | | | | COLOR INK |
| NR HOLES | DIAMETER | C TO C | KIND | POSITION | | | FACE ONLY |
| | | | | | | | HEAD TO |
| | | | | | | | HEAD |
| | | | | | | | FOOT |
| | | | | | | | SIDE |
| 11. MATERIAL DISPOSITION | | | | | | | |
| | HOLD | DESTROY | RETURN TO | | | | |
| NEGATIVES | | | | | | | |
| ORIGINALS | | | | | | | |
| 12. CLASSIFICATION | | | | | | | |
| 13. ADDITIONAL INSTRUCTIONS, DUMMY ATTACHED | | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <i>(Perforations, scoring, prenumbering, etc.)</i> | |
| 14. DISTRIBUTION INSTRUCTIONS <i>(If desired, also indicate person to be notified when job is completed.)</i> | | | | 15. APPROPRIATION CHARGEABLE | | | |
| | | | | CERTIFICATION | | | |
| | | | | 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. | | | |
| | | | | 16. ORIGINATOR <i>(Typed Name, Signature and Date)</i> | | | |
| | | | | 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 | |
| 20. DATE PROMISED | | 21. DATE COMPLETED | | 22. DATE DELIVERED | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| RECEIPT OF COMPLETED JOB | | | | | | | |
| 24. RECEIVED BY | | | | 25. ORGANIZATION SYMBOL | | 26. DATE | |