

DOD PRINTING REQUISITION/ORDER		CLASSIFICATION <small>(Requisition automatically becomes "UNCL" when detached from classified material.)</small>		FOR PLANT USE	(PLANT JOB NUMBER)			
REQUISITION NO.	DATE OF REQUEST	REQUESTED DEL'Y	EST. COST		SCHEDULED COMPLETION DATE	ESTIMATED COST		
FOR REFERENCE CONSULT			PHONE					
ACCOUNTING DATA								
FORM/PUBLICATION NO. AND TITLE <small>(In that order)</small>								
QTY. <small>(Specify shts, sets, etc.)</small>	PAGES	QTY. WILL LAST MOS.	JOB TO BE REPRINTED <input type="checkbox"/> YES <input type="checkbox"/> NO	JOB IS <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> A REPRINT	LAST JOB NO.			
ENCLOSURES <small>(Submit clean, well protected copy)</small>		<small>(If other, specify)</small>		PROOFS <small>(Specify only if necessary)</small>				
PAGES COPY	NEGA-TIVES	PLATES		<input type="checkbox"/> NOT REQ'D	SEND TO:			
SPECIFICATION	FINISHED SIZE X	MARGINS (Top)	(Left/Bind)	INK (If not black)	GRADE OF PAPER*	WEIGHT*	COLOR*	
	FOLD TO (Size) X	<input type="checkbox"/> ONE SIDE PRINT	<input type="checkbox"/> HEAD TO HEAD	<input type="checkbox"/> HEAD TO FOOT	OTHER (SEE COPY ATTACHED)	1.		
	ASSEMBLE <input type="checkbox"/> IN SETS <input type="checkbox"/> PAGE SEQ.	WIRE STITCH (Staple) Number Stitches:	<input type="checkbox"/> UPPER LEFT	<input type="checkbox"/> TOP	OTHER (Specify)	2.		
	STANDARD PUNCH (Drill) <input type="checkbox"/> 2-HOLE TOP <input type="checkbox"/> 3-HOLE LEFT	OTHER (Diameter)	(Ctr. to ctr.)	(Location)		3.		
	PERFORATE/SCORE <input type="checkbox"/> SEE COPY	PAD	(Location)	<input type="checkbox"/> YES <input type="checkbox"/> NO		4.		
	COMPOSING/PROCESSING <small>(Prepare/alter copy; fotolust; offset; etc.)</small>	SHTS SETS <input type="checkbox"/> TOP <input type="checkbox"/> LEFT		PRONG FASTENERS		5.		
				WRAP (No. per pkg.)		6.		
					7.			
					*NOTE: Grades and weight of paper will be in accordance with specifications issued by the Congressional Joint Committee on Printing. No deviations permitted unless justified.			
					DISPOSITION OF NEGS. _____ ORIG. _____ H-HOLD D-DESTROY R-RETURN			
FOR PLANT USE ONLY				SPECIAL INSTRUCTIONS/REMARKS				
NUMBER ORIG.	LINE H.T.				SERIAL NUMBERING, REGISTRATION, ETC.			
IMAGE SIZE X								
PRESS	PLATES							IMP
PRESS SHEET SIZE								
TRIM SIZE								
PLANNED BY								
ORDERING OFFICE <small>(If other than delivery address)</small>				DELIVER TO <small>(Complete address)</small>				
LIAISON OFFICE APPROVAL <small>(Signature and date)</small>								
APPROVING OFFICE <small>(Signature and date)</small>								
SEND CONFIRMATION/BILLING COPY TO <small>(Insert complete mailing address)</small>				DISTRIBUTION REQUIRED <input type="checkbox"/> LIST / <input type="checkbox"/> LABELS ATTACHED				
				WILL PICK UP - PLEASE NOTIFY: (Ext.)				
				<input type="checkbox"/> HOLD				
				MATERIAL RECEIVED <small>(Signature and date)</small>				