SI	PRINTING AND BINDING REQUISITION To the PUBLIC PRINTER Please furnish the following:						JACKET NO. (Assigned at GPO)			REQUISITION NO.						
FROM (Department or Government Establishment)							(Bureau or Office)				DATE					
APPROPRIATION CHARGEABLE/APPLICABLE LAW							BILLING ADDRESS CODE (BAC)				AUTHORIZED BY					
TITLE							QUALITY LEVEL			FORM NO.						
QUANTITY (Units of finished products)  FINISHED PRODUCT (Check One)  Books or Blank Forms (Sheets)  Sets							Pads or Other Tablets (Specify)				CLASSIFICATION					
THIS ORDER RIDES (Department) (Requisition No.)					(Jacket No.)				STRAP WITH REQUISITION NO.							
PAPER STOCK AND INK	Text	or, and basis weight)				SECOND CHOICE (If any)				COLOR(S) OF INK						
	Cover OTHER (Specify)															
	FURNISHED (Magnetic Tape)			(Negatives) (Camera Copy)				(Manuscript) (Shoot Printed Copy)				PREVIOUS JACKET/REQ. (If reprint)				
COMPOSITION	Direct Drive Other TEXT TYPE (Point, Face, Leaded/Solid)			DISPLAY TYPE (Face)				MARGINS (After trim) Picas/inches	Back/Left	Тор	Other	FOL. LIT.	FORMS REGIST	S MUST ER	TYPEWRITER SPACING	
CO	TYPE PAGE WIDTH No. of Col. (Picas) Width		running head but not (Total) bottom folio)			RULING	PICK UP FRO		lo. Req. No.	RESTORE TO ORIGINAL JACKET	HOLD REPRO	DUCIBLES (Sp		ype mag tape) Weeks Color of ink		
	ONE SIDE HEAD TO HEAD TO OIL			HER COVER PRINTS EMBOSS		(Print or Bindery)	TENIONATE SCORE TOSHOOT			TO TO						
NDERY	SIZE FLAT (Inches) FORMS, SETS, PAD		x	FOLD TO X		x	SIZE TRIMMI PAGE (Inches BOOKS/PAM	;)			PAGES	FOLDINS/INSERTS PAPER (Self)		PAPER CO (Self)	VERS (Separate)	
Press and bindery	WIRE STITCH (Side) (No.) PASTE ON FOLD			LOOSELEAF	ADHESIVE BOUND	SEW	EW CASE BOUND (N		(Material and Color)		STAMP TITLE Cover	(Bindery) Spine	Gold	lm. Gold	Ink (color)	
RESS /	PAD/SETS (Gum) (Stitch	(Pos.)	(Sheets in Pad)	(Sets in Pad)	(Sheets in Set)	PUNCH/ DRILL	(Shape)	(No. of holes)	(Diam.)	(Inches Center to Center)	r	(Pos.)	ROUND COR (No.)	(Position)		
₫.	GATHER (Explain)							CARBON INTERLEAVE	CARBON INDEX INTERLEAVE (Cut) (Tab) (Bleed)			LIP DIVIDERS (Width of cut 1/5 etc.) (Fig. 1/5)		.) (Pos.)		
_	REQUESTED PROOF		PROOF SETS (Galley) (Page) DEPT.HOLD (Workdays) (Pages)			Workdays) (Pages)	PROOFS TO									
OOFS AND	REQUESTED DELIVERY DATE			KRAFT WRAP	SHRINK FILM	BAND IN SETS	SUITABLE	OTHER PACKAGING (Specify)				QUANTITY IN PACK IN CARTON		PACK IN CARTONS	B/L FURNISHED	
PROOI	DELIVER TO															
ADDITI	ONAL INFORMATION															
FOR ADDITIONAL INFORMATION CONTACT (Name and Telephone Number)																
BILLING	ADDRESS (If BAC h	as not been a	assigned)													
	y that this work is		by law and r	necessary to t	he conduct	of the busine	ss of the abo	ve-mentioned	d governmen	t establishme	ent.					
Prescri	DARD FORM 1 (Rev. bed by GPO 4 of the U.S. Code C		111			_										

(Authorizing Signature) (Title) USAPPC V3.00

CONTROL RECOR NAVEXOS-3926	D	SCHEDULE	JLE REV. SCHEDULE								
PROOFS, ETC.											
		ТО В	UREAU			DATE					
		ТО	GPO								
		REM	ARKS								
		SHIF	PMENT INFORMATION								
GBL NO.	DATE	QUANTITY	FROM (CITY)	TO (DESTINATION)	V	/IA (CARRIER)					