

PRINTING AND BINDING REQUISITION FOR SPECIALTY ITEMS To the PUBLIC PRINTER - Please cause the following work to be furnished:						Jacket No. (Assigned at GPO)		Requisition No.		
FROM (Department or Government Establishment)				(Bureau or office)		Authorized by (Initials)		Date		
APPROPRIATION CHARGEABLE						LAST PRINTING Req. No.		Jacket No.		
TITLE				Form No.		BASE FORM Req. No.		Jacket No.		
QUANTITY		<input type="checkbox"/> Sets <input type="checkbox"/> (Other)		<input type="checkbox"/> Pads <input type="checkbox"/> Books		RIDES (Department)		Req. No. Jacket No.		
DESCRIPTION (Check applicable item)		<input type="checkbox"/> Units sets (Snapouts) <input type="checkbox"/> Direct Image master		<input type="checkbox"/> Single stub <input type="checkbox"/> Hectograph		<input type="checkbox"/> Double stub <input type="checkbox"/> Azograph		<input type="checkbox"/> Fanfold <input type="checkbox"/> Foldover style		
		<input type="checkbox"/> Strip		<input type="checkbox"/> Marginally punched		<input type="checkbox"/> Continuous		<input type="checkbox"/> In strips of _____ sets		
		<input type="checkbox"/> Substyle		<input type="checkbox"/> (Other) _____						
Part No.	Size (Detached)	Paper (basis 1,000 sheets)			Color of ink			Head in —	Stub Position*	
		Color	Kind	Substance	Face	Back	Overprint			
	X									
	X									
	X									
	X									
	X									
	X									
	X									
	X									
	X									
	X									
	X									
	X									
	X									
*T = Top edge (Head of form) B = Bottom edge (Foot of form) R = Right edge L = Left edge										
COVER	<input type="checkbox"/> Top only <input type="checkbox"/> Two piece <input type="checkbox"/> Wrap around <input type="checkbox"/> With writing stop <input type="checkbox"/> Matchbook style <input type="checkbox"/> Chipboard back									
	<input type="checkbox"/> (Other) _____									
Stock (Color and kind) _____ Basis (1,000 sheets) _____ Color of ink _____										
MARGINS	FACE-Head	Side(s)	BACK-Head	Side(s)	STUB	Width (If other than manufacturer's standard, specify) _____ inch.				
	<input type="checkbox"/> Glue, paste <input type="checkbox"/> Forced gum <input type="checkbox"/> Pad <input type="checkbox"/> Wire stitch <input type="checkbox"/> Sew									
SERIAL NUMBERS	(SETS)(PARTS) - From _____ to _____ in _____ in ink _____ place(s) SKIPS <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable									
	COVERS - From _____ to _____ in _____ in ink _____ place(s) <input type="checkbox"/> List on package <input type="checkbox"/> Do not list									
CARBON	INTERLEAVE <input type="checkbox"/> Between all parts <input type="checkbox"/> After part Nos.		COLOR <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Purple <input type="checkbox"/> Brown		KIND <input type="checkbox"/> One time <input type="checkbox"/> Dual purpose <input type="checkbox"/> Liquid process <input type="checkbox"/> Gelatin process		EXTRACTION <input type="checkbox"/> Mfr.'s Std. <input type="checkbox"/> Other _____			
	INTENDED USAGE <input type="checkbox"/> Manual typewriter <input type="checkbox"/> Ball-point pen <input type="checkbox"/> Electric typewriter <input type="checkbox"/> Pencil		If special machine, specify machine and model No. _____					All carbon paper must be of sufficient density and graded sensitivity to insure clean, legible copies on all parts.		
	COVERAGE		TO PRODUCE _____ Copies		After storage of _____ months		PROTECTIVE COATING <input type="checkbox"/> None <input type="checkbox"/> Mfrs. Std. <input type="checkbox"/> (Other) _____			
PERFORATE	(Excluding stub perforations on unit sets (snapouts)) <input type="checkbox"/> Horizontal _____ <input type="checkbox"/> Vertical _____							Stub perforations must be such as to guarantee easy separation of all parts individually or in one operation but sufficient strength must be retained to prevent disengagement of any part under normal handling and shipping conditions.		
PUNCH or DRILL	FILE HOLES <input type="checkbox"/> Sheets only No. holes _____ Inches c. to c. _____ <input type="checkbox"/> Sheets and carbons Shape _____ Location to centers _____ Diameter _____ inch _____						MARGINAL <input type="checkbox"/> Left Sheets _____ inch <input type="checkbox"/> Right Carbons _____ inch <input type="checkbox"/> Manufacturer's standard			
FASTENERS	<input type="checkbox"/> Mfr.'s option <input type="checkbox"/> Wire stitch <input type="checkbox"/> Sew <input type="checkbox"/> (Other) _____							Location _____		
REGISTER	<input type="checkbox"/> All parts each set <input type="checkbox"/> With form No. _____				<input type="checkbox"/> (Other) _____					
PROOFS	DATE REQUESTED _____		QUANTITY _____ Sets		RETURN IN _____ Days		DELIVER TO: _____			
PACKAGING	<input type="checkbox"/> Wrap <input type="checkbox"/> Tie <input type="checkbox"/> Band <input type="checkbox"/> Manufacturer's Standard <input type="checkbox"/> (Other) _____ In units of _____ sets									
DELIVERY	DATE REQUESTED _____		TO: _____						Number of B/L furnished by Dept. _____	