

DOD PRINTING REQUISITION/ORDER		CLASSIFICATION <i>(Requisition automatically becomes "UNCL" when detached from classified material.)</i>		FOR PLANT USE ONLY					
REQUISITION NO.	DATE OF REQUEST	REQUESTED DEL'Y	EST. COST		(PLANT JOB NUMBER)				
FOR REFERENCE CONSULT			PHONE		SCHEDULED COMPLETION DATE	ESTIMATED COST			
ACCOUNTING DATA									
FORM/PUBLICATION NO. AND TITLE <i>(in that order)</i>									
QTY. <i>(Specify shts, sets, etc.)</i>	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 <i>(Submit clean, well protected copy)</i>			<i>(If other, specify)</i>		PROOFS <i>(Specify only if necessary)</i>				
PAGES COPY	NEGA-TIVES	PLATES		<input type="checkbox"/> NOT REQ'D	SEND TO:				
S P E C I F I C A T I O N S	FINISHED SIZE <input checked="" type="checkbox"/> X	MARGINS <i>(Top)</i> <i>(Left/Blind)</i>		INK <i>(If not black)</i>		GRADE OF PAPER*	WEIGHT*	COLOR*	
	FOLD TO <i>(Size)</i> <input checked="" type="checkbox"/> X	PRINT <input type="checkbox"/> ONE SIDE <input type="checkbox"/> HEAD TO HEAD <input type="checkbox"/> HEAD TO FOOT <input type="checkbox"/>		OTHER		1.			
	ASSEMBLE <input type="checkbox"/> IN SETS <input type="checkbox"/> PAGE SEQ.	WIRE STITCH <i>(Staple)</i> Number Stitches: <input type="checkbox"/> UPPER LEFT <input type="checkbox"/> TOP <input type="checkbox"/>				2.			
	STANDARD PUNCH <i>(Drill)</i> <input type="checkbox"/> 2-HOLE TOP <input type="checkbox"/> 3-HOLE LEFT	OTHER <i>(Number)</i> <i>(Diameter)</i> <i>(Ctr. to ctr.)</i>				3.			
	PERFORATE/SCORE <input type="checkbox"/> SEE COPY	PAD SHTS SETS <input type="checkbox"/> TOP <input type="checkbox"/> LEFT	<i>(Location)</i>		ACCO FASTENERS <input type="checkbox"/> YES <input type="checkbox"/> NO	*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.			
					WRAP <i>(No. per pkg.)</i>	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 <input checked="" type="checkbox"/> X									
PRESS	PLATES						IMP.		
PRESS SHEET SIZE									
TRIM SIZE									
PLANNED BY									
ORDERING OFFICE <i>(If other than delivery address)</i>					DELIVER TO <i>(Complete address)</i>				
LIAISON OFFICE APPROVAL <i>(Signature and date)</i>									
APPROVING OFFICE <i>(Signature and date)</i>									
SEND CONFIRMATION/BILLING COPY TO <i>(Insert complete mailing address)</i>					DISTRIBUTION REQUIRED <input type="checkbox"/> LIST / <input type="checkbox"/> LABELS ATTACHED				
					WILL PICK UP - PLEASE NOTIFY: <i>(Ext.)</i> <input type="checkbox"/> HOLD				
					MATERIAL RECEIVED <i>(Signature and date)</i>				