

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: (Appropriate Printing Control Authority)			FROM: (Originating Agency and Person to contact & telephone)					
1 TITLE OF PUBLICATION						2 NUMBER AND DATE								
3 PURPOSE, FUNCTION, ECONOMIES EFFECTED AND CONCURRENCES														
4 QUANTITY IN. <input type="checkbox"/> SHEETS <input type="checkbox"/> SETS <input type="checkbox"/> BOOKS <input type="checkbox"/> PADS <input type="checkbox"/> OTHER (Specify in Item 13)					5 SIZE OF PUBLICATION				6 NUMBER OF PAGES					
a. PARTIAL DELIVERY REQUESTED			b. COMPLETE DELIVERY REQUESTED		a. TRIM SIZE		b. FOLDED TO							
DATE	QUANTITY		DATE	QUANTITY	WIDTH	LENGTH	WIDTH	LENGTH						
7 BINDING (Use Item 13 for additional instructions)					8 PAPER STOCK			9 PRINT						
<input type="checkbox"/> LOOSE		<input type="checkbox"/> SIDE STITCHED		PAD <input type="checkbox"/> TOP <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> BOTTOM		COP-IES	BASIS WEIGHT	KIND	COLOR	COLOR INK	FACE ONLY	HEAD TO		
<input type="checkbox"/> GLUED		<input type="checkbox"/> SADDLE STITCHED		SHEETS IN PAD	SETS IN PAD							SHEETS IN SET	HEAD	FOOT
<input type="checkbox"/> OTHER		<input type="checkbox"/> CORNER STITCHED					1							
10 PUNCHING								2						
NR HOLES	DIAMETER	C TO C	KIND	POSITION				3						
11 MATERIAL DISPOSITION								4						
	HOLD	DE-STROY	RETURN TO					5						
NEGATIVES								6						
ORIGINALS								7						
12 CLASSIFICATION								8						
								9						
								10						
13 ADDITIONAL INSTRUCTIONS DUMMY ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO (Perforations, scoring, prenumbering, etc.)														
14 DISTRIBUTION INSTRUCTIONS (If desired, also indicate person to be notified when job is completed)						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 (Typed Name, Signature and Date)								
						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	HOURS IN USE	NUMBER OF MASTERS	PRESS IMPRESSIONS	PRODUCTION UNITS				
						X								
20 DATE PROMISED		21 DATE COMPLETED		22 DATE DELIVERED		X								
						X								
						X								
						X								
RECEIPT OF COMPLETED JOB														
24 RECEIVED BY					25 ORGANIZATION SYMBOL				26 DATE					