

PRINTING AND BINDING REQUISITION FOR SPECIALITY ITEMS

To the PUBLIC PRINTER - Please cause the following work to be furnished:

FROM (Department or Government Establishment)	(Bureau or Office)	Jacket No. (Assigned at GPO)	Requisition No.
		Authorized by (Initials)	Date

APPROPRIATION CHARGEABLE	LAST PRINTING Req. No.	Jacket No.
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TITLE	Form No.	BASE FORM Req. No.	Jacket No.
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QUANTITY	<input type="checkbox"/> Sets <input type="checkbox"/> (Other)	<input type="checkbox"/> Pads <input type="checkbox"/> Books	RIDES (Department)	Req. No.	Jacket No.	STRAP with Req. No.
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DESCRIPTION (Check applicable item)

<input type="checkbox"/> Unit Sets (Snapouts)	<input type="checkbox"/> Single stub	<input type="checkbox"/> Double stub	<input type="checkbox"/> Fanfold	<input type="checkbox"/> Strip	<input type="checkbox"/> Marginally Punched	<input type="checkbox"/> Continues	<input type="checkbox"/> In strips of _____ sets
<input type="checkbox"/> Direct image master	<input type="checkbox"/> Hectograph	<input type="checkbox"/> Azograph	<input type="checkbox"/> Foldover style	<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								

*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 _____
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MARGINS	FACE-Head _____ Side(s) _____ BACK-Head _____ Side(s) _____ STUBS Width (if other than manufacture's standards, 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
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SERIAL NUMBERS	(SETS) (PARTS)--From _____ to _____ in _____ ink in _____ place(s) <input type="checkbox"/> Acceptable <input type="checkbox"/> Not (COVER)--From _____ to _____ in _____ ink in _____ place(s) <input type="checkbox"/> List on package <input type="checkbox"/> Do not list
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CARBONS	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 INTENDED USAGE <input type="checkbox"/> Manual typewriter <input type="checkbox"/> Ball-point <input type="checkbox"/> Electric typewriter <input type="checkbox"/> Pencil If special machine, specify machine and model no. _____ EXTRACTION <input type="checkbox"/> Mfr.'s <input type="checkbox"/> Other _____ 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 _____
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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.
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PUNCH or DRILL	FILE HOLES No. holes _____ Inches c. to c. _____ <input type="checkbox"/> Sheets only Shape _____ Locations to centers _____ <input type="checkbox"/> Sheets and carbons Diameter _____ inch _____ MARGINAL <input type="checkbox"/> Left Sheets _____ inch <input type="checkbox"/> Right Carbons _____ inch <input type="checkbox"/> Manufacturer's standard
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FASTENERS	<input type="checkbox"/> Mfr.'s option <input type="checkbox"/> Wire stitch <input type="checkbox"/> Sew <input type="checkbox"/> Other _____ Location _____
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REGISTER	<input type="checkbox"/> All parts each set <input type="checkbox"/> With form No. _____ <input type="checkbox"/> Other _____
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PROOFS	DATE REQUESTED _____ QUANTITY _____ sets RETURN IN _____ da/ssy DELIVERY TO: _____
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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
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DELIVERY	DATE REQUESTED _____ TO _____ Number of B/L furnished by Dept. _____
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It is certified that this work is authorized by law and necessary to the conduct of the business of the government establishment named above and that the illustrations ordered are necessary and related entirely to the public business.

(Signed)

(Title)