

Printing Request Order

Project: EDURTELD

Date Submitted to State Printing		Agency	Department Code		Agency Reference Number	OAKS Requisition Number
Fund	Account		ALI	Program	OAKS Shipping Code	State Printing Job No
Proof To: (Agency, Name & Address)		Ship To: (Agency, Name & Address)		Bill To: (Agency, Name & Address)		State Printing Projected Delivery
						Agency Requested Delivery
Specifications Prepared by:				Phone No.		
Quantity	Title			Form No.	Prev. PO No./FY	
OAKS Requestor			Phone No.		Fax No.	

SPECIFICATIONS

Printing No. of Pages/Originals or parts of the Form _____ <input type="checkbox"/> One Side Two Sides: <input type="checkbox"/> Head to Head <input type="checkbox"/> Head to Foot <input type="checkbox"/> Head to Side _____ Size <input type="checkbox"/> 8 1/2 x 11 <input type="checkbox"/> 8 1/2 x 14 <input type="checkbox"/> Other (Specify) _____ Envelope <input type="checkbox"/> Select Envelope Size: _____ Scanning <input type="checkbox"/> No of Originals _____	Paper Description Text Name: _____ Type: _____ Color: _____ Basis Weight: _____ Cover Name: _____ Type: _____ Color: _____ Basis Weight: _____ Mylar Covers <input type="checkbox"/> Front only _____ <input type="checkbox"/> Front and back _____ Tabs <input type="checkbox"/> _____	Ink <input type="checkbox"/> Black <input type="checkbox"/> Other Specify PMS _____ <input type="checkbox"/> 4 Color Process <input type="checkbox"/> Color Copy <input type="checkbox"/> Varnish <input type="checkbox"/> Other Specify _____ Numbering Ink Color for Numbering _____ Starting # _____ Ending # _____ Wafer Seal <input type="checkbox"/> _____	Padding <input type="checkbox"/> Top <input type="checkbox"/> Side Sheets per Pad _____ Drilling <input type="checkbox"/> 3 Hole Standard <input type="checkbox"/> Other (Specify) _____ Stub <input type="checkbox"/> 3/4" <input type="checkbox"/> 1/2" <input type="checkbox"/> Top <input type="checkbox"/> Side Packaging <input type="checkbox"/> Shrink Wrap Wrap Per Package _____ <input type="checkbox"/> Carton Pack Label Information _____ CD/DVD Duplication <input type="checkbox"/> CD <input type="checkbox"/> DVD <input type="checkbox"/> Disk Color _____ Packaging Option _____	Finishing <input type="checkbox"/> Perfect Bound <input type="checkbox"/> Staple Upper Left Corner <input type="checkbox"/> Side Stitch <input type="checkbox"/> Saddle Stitch <input type="checkbox"/> Tape Bound <input type="checkbox"/> Wire O <input type="checkbox"/> Coil binding Select Wire, Coil Tape Color _____ <input type="checkbox"/> Collate <input type="checkbox"/> Laminate <input type="checkbox"/> Inserting _____ Perforating _____ Fold to _____ Art <input type="checkbox"/> Exact Reprint/No Change <input type="checkbox"/> Artwork Attached <input type="checkbox"/> e-mailed to: _____ <input type="checkbox"/> uploaded to ftp site File name: _____ <input type="checkbox"/> Sample Attached <input type="checkbox"/> Film Negative Attached <input type="checkbox"/> Typesetting Requested <input type="checkbox"/> Disk Provided <input type="checkbox"/> PC <input type="checkbox"/> Mac Program _____ Version _____
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ADDITIONAL SPECIFICATIONS (attach additional sheet if necessary)

We hereby certify that the goods or services above are necessary for our use and in accordance with all provisions of the Governor's Executive Order 2009-07S and authorize the Department of Administrative Services to make payment from our funds.	
Director/Director's Designee Authorized Signature	
Title:	Date
Delivery Received By (Print Name)	Date

COPY CENTER ONLY		# of Originals
Printed By:	Quantity	B/W:
Machine Code:	Total # of Imp.:	Color:
		Tabs: