

DELIVER TO:

(Trenton Only) Name \_\_\_\_\_ Address \_\_\_\_\_ Bldg. \_\_\_\_\_ Floor \_\_\_\_\_ Room No. \_\_\_\_\_

DEPARTMENT OF THE TREASURY DIVISION OF ADMINISTRATION PRINTING SERVICES PO BOX 030		REQUISITION FOR INTERNAL PRINTING			
		DATE NEEDED _____	ORDERED BY: _____		ORDER NO: _____
USING AGENCY _____	ACCOUNT NUMBER _____		PHONE: _____		USING AGENCY CONTROL NUMBER
			FAX: _____		
QUANTITY _____	<input type="checkbox"/> FLAT FORM NO. SHEETS _____ <input type="checkbox"/> BOOKLET NO. PAGES _____		DATE REC. - PRINT SHOP _____		
TITLE OR DESCRIPTION _____		FORM NO. _____	SPECIAL INSTRUCTIONS _____		

SPECIFICATIONS	FINISHED FORM SIZE	PREPARATION, PRESS AND FINISH
<b>RECYCLED PAPER</b> <input type="checkbox"/> 20 LB <input type="checkbox"/> 24 LB <input type="checkbox"/> 60 LB <input type="checkbox"/> OTHER _____ <input type="checkbox"/> BOND <input type="checkbox"/> OFFSET <input type="checkbox"/> COVER <input type="checkbox"/> ENVELOPE <input type="checkbox"/> NCR <input type="checkbox"/> 2 PART <input type="checkbox"/> 3 PART <input type="checkbox"/> 4 PART <input type="checkbox"/> 5 PART <input type="checkbox"/> 6 PART <input type="checkbox"/> NCR FLAT COLORS _____ <input type="checkbox"/> RAG BOND: <input type="checkbox"/> SYNERGY <input type="checkbox"/> ATLAS COLOR <input type="checkbox"/> WHITE <input type="checkbox"/> OTHER _____ COVER COLOR <input type="checkbox"/> WHITE <input type="checkbox"/> OTHER _____ INK <input type="checkbox"/> BLACK <input type="checkbox"/> BLUE <input type="checkbox"/> PMS # _____ IMPS. _____ DATE COMP. _____	<input type="checkbox"/> 4 1/4 X 5 1/2 <input type="checkbox"/> 8 1/2 X 13 <input type="checkbox"/> 5 1/2 X 8 1/2 <input type="checkbox"/> 8 1/2 X 14 <input type="checkbox"/> 8 1/2 X 11 <input type="checkbox"/> 11 X 17 <input type="checkbox"/> OTHER _____  TYPE <input type="checkbox"/> METAL <input type="checkbox"/> NEW <input type="checkbox"/> PAPER <input type="checkbox"/> REVISED <input type="checkbox"/> COPIER <input type="checkbox"/> RERUN <input type="checkbox"/> COLOR COPIER	<input type="checkbox"/> ONE SIDE <input type="checkbox"/> COLLATE <input type="checkbox"/> NUMBER <input type="checkbox"/> TWO SIDES <input type="checkbox"/> STAPLE <input type="checkbox"/> SPIRAL BINDING <input type="checkbox"/> TYPESET <input type="checkbox"/> PUNCH <input type="checkbox"/> 19 HOLE PUNCH <input type="checkbox"/> CUT <input type="checkbox"/> PAD <input type="checkbox"/> TAPE BINDING <input type="checkbox"/> 2 UP <input type="checkbox"/> 4 UP <input type="checkbox"/> WRAP <input type="checkbox"/> FOLD <input type="checkbox"/> PERFORATE <input type="checkbox"/> BOX <input type="checkbox"/> PRESS WASHES <input type="checkbox"/> LAMINATE <input type="checkbox"/> OTHER
		APPROVAL OFFICER - USING AGENCY _____ DATE _____

**INSTRUCTIONS TO USER:**

- A. This form must be completed on all requests for Internal Printing.
- B. Detach last copy (Goldenrod) for your record.
- C. Forward 4 copies, with sample, to Approval Officer for their signature.  
(Please do not staple sample [or Mechanical] to Order Form).

**For Use By Treasury Printing Services Only**

	APPROVED	BY: _____
	DISAPPROVED	

**FOR PRINTING SECTION USE ONLY**

MACHINE CODE _____				EMPLOYEE CODE _____			
DATE	FRONTS	BACKS	REMARKS	APPROVED BY	OPERATOR		

TOTAL COST \$ _____	STOCK PAPER USED	SPECIAL PAPER	TYPESET	OUTSIDE CHARGE	SPECIAL RATES								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2">LABOR</th></tr> <tr><td style="width: 50%;">HOURS</td><td style="width: 50%;">MINUTES</td></tr> </table>	LABOR		HOURS	MINUTES	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th>SIZE</th><th>REAMS</th></tr> <tr><td> </td><td> </td></tr> </table>	SIZE	REAMS					1 _____ 2 _____ 3 _____ 4 _____	<input type="checkbox"/> STANDBY TIME <input type="checkbox"/> RUSH <input type="checkbox"/> DELIVERY
LABOR													
HOURS	MINUTES												
SIZE	REAMS												

PREPARATION					PRINTING TIME		BINDING/FINISHING			
AMT	SIZE	TIME	INITIAL	START	END	DATE	TYPE	OPR	TIME	
PREP										
LAYOUT										
NEGS										
M PLATES										
P PLATES										
DATE										
<input type="checkbox"/> SEE ATTACHED										

SHIPPED \_\_\_\_\_ OPR \_\_\_\_\_ METHOD \_\_\_\_\_ BOXES \_\_\_\_\_ PKGS \_\_\_\_\_ WT \_\_\_\_\_