

Deliver to: _____
 (Trenton Only) Name _____ Address _____ Bldg. _____ Floor _____ Room No. _____

DEPARTMENT OF THE TREASURY DIVISION OF ADMINISTRATION PRINTING SERVICES PO BOX 030		REQUISITIONS FOR INTERNAL PRINTING			
		DATE NEEDED		ORDERED BY:	
ORDER NO.		PHONE:		FAX:	
USING AGENCY		ACCOUNT NUMBER		CONTROL NUMBER	
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	
USING AGENCY					

SPECIFICATIONS			PREPARATION, PRESS AND FINISH			
RECYCLED PAPER <input type="checkbox"/> 20LB <input type="checkbox"/> 24LB <input type="checkbox"/> 60LB <input type="checkbox"/> OTHER _____ <input type="checkbox"/> BOND <input type="checkbox"/> OFFSET <input type="checkbox"/> INDEX <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"/> NCR OTHER _____ <input type="checkbox"/> RAG BOND: <input type="checkbox"/> SYNERGY <input type="checkbox"/> OTHER _____ OTHER: <input type="checkbox"/> WHITE <input type="checkbox"/> OTHER _____ COVER COLOR: <input type="checkbox"/> WHITE <input type="checkbox"/> OTHER _____ INK: <input type="checkbox"/> ROYAL BLUE <input type="checkbox"/> BLACK <input type="checkbox"/> PMS # _____ IMPS. _____ DATE COMP. _____		FINISHED FORM SIZE <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"/> MEGA <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"/> SPIRAL BINDING <input type="checkbox"/> TWO SIDES <input type="checkbox"/> STAPLE <input type="checkbox"/> NUMBER <input type="checkbox"/> TYPESET <input type="checkbox"/> PAD <input type="checkbox"/> WRAP <input type="checkbox"/> CUT <input type="checkbox"/> PUNCH <input type="checkbox"/> BOX <input type="checkbox"/> FOLD <input type="checkbox"/> PERFORATE <input type="checkbox"/> SHIP <input type="checkbox"/> TAPE BINDING <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. <input type="checkbox"/> Detach last copy for your record. C. <input type="checkbox"/> Forward 4 copies, with sample, to Approval Officer. <input type="checkbox"/> (Please do not staple sample 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	
LABOR		SIZE		REAMS				1 _____ 2 _____ 3 _____ 4 _____		<input type="checkbox"/> MINIMUM CHARGE <input type="checkbox"/> STANDBY TIME <input type="checkbox"/> RUSH <input type="checkbox"/> DELIVERY	
HOURS	MINUTES										

PREPARATION					PRINTING TIME					BINDING/FINISHING								
	AMT.	SIZE	TIME	INITIAL	START					END						DATE	OPR	TIME
PREP															<input type="checkbox"/> CUT			
LAYOUT															<input type="checkbox"/> PAD			
NEGS															<input type="checkbox"/> PUNCH			
M PLATES															<input type="checkbox"/> FOLD			
P PLATES															<input type="checkbox"/> WRAP			
															<input type="checkbox"/> OTHER			

SHIPPED _____ OPR _____ METHOD _____ BOXES _____ PKGS _____ WT _____