

PRINTING REQUEST

DEPARTMENT OF THE TREASURY
DIVISION OF ADMINISTRATION
PRINTING SERVICES

PO BOX 030
101 CARROLL STREET
TRENTON, NJ 08625

1. Agency	5. Title or Description		5a. Form #	
2. Account Number	6. Quantity	7. Due Date	8. Agency Control No.	
3. Contact: _____ Phone: _____ FAX: _____ Email: _____	SPECIFICATIONS			
	9. FINAL SIZE _____ X _____ <input type="checkbox"/> One Sided <input type="checkbox"/> Two Sided	10. STOCK 1. 2.	11. ENVELOPE Mon 9 10 11 Kraft <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Size: _____ X _____ <input type="checkbox"/> Reg <input type="checkbox"/> Win <input type="checkbox"/> Clasp	12. FINISHING Staple 1- <input type="checkbox"/> 2- <input type="checkbox"/> <input type="checkbox"/> Pad <input type="checkbox"/> Saddle Stitch <input type="checkbox"/> GBC <input type="checkbox"/> Coil - color _____ <input type="checkbox"/> Tape Bind <input type="checkbox"/> 3 Hole Punch <input type="checkbox"/> Fold <input type="checkbox"/> Wrap qty/pkg _____
	9a. INK <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Color or Other	13. WHAT YOU'LL BE PROVIDING <input type="checkbox"/> Hard Copy <input type="checkbox"/> Emailed File <input type="checkbox"/> Flash Drive <input type="checkbox"/> Typeset New <input type="checkbox"/> Sample <input type="checkbox"/> CD <input type="checkbox"/> Rerun	14. NCR (Carbonless) <input type="checkbox"/> 2 Part <input type="checkbox"/> 5 <input type="checkbox"/> 3 Part <input type="checkbox"/> 6 <input type="checkbox"/> 4 Part COLOR SEQUENCE	15. Approval Officer (Required) <i>Using Agency</i> _____ Date _____ <input type="checkbox"/> Estimate Only <i>Estimate Approved</i> <input type="checkbox"/> # _____
4. Deliver <input type="checkbox"/> Pickup <input type="checkbox"/> Ship <input type="checkbox"/> To: _____ _____ _____	16. Special Instructions: _____ _____ _____			

- - - - Area Below for Print Shop Use Only - - - -

DESKTOP	PREP	PRINTING	BINDERY	<input type="checkbox"/> GBC/Coil _____	Date Received:
_____ pgs	<input type="checkbox"/> Poly Plate	<input type="checkbox"/> Proof to _____	<input type="checkbox"/> Pad <i>T L R B</i>	<input type="checkbox"/> Tape	
<input type="checkbox"/> Use Hard Copy	<input type="checkbox"/> Metal Plate	<input type="checkbox"/> Press	<input type="checkbox"/> Cut _____	<input type="checkbox"/> Number	Approval _____ Initial _____ Date _____ 1 Day <input type="checkbox"/> 2 Day <input type="checkbox"/> 3 Day <input type="checkbox"/>
<input type="checkbox"/> Use Provided file	file # _____	<input type="checkbox"/> Color Copier	<input type="checkbox"/> Fold	<input type="checkbox"/> Laminate	
<input type="checkbox"/> Obtain new file	<input type="checkbox"/> PDF on file	<input type="checkbox"/> BW Copier	<input type="checkbox"/> Perforate _____	<input type="checkbox"/> Punch _____	
<input type="checkbox"/> Typeset New/Rev	<input type="checkbox"/> DPA	<input type="checkbox"/> Ink Jet	<input type="checkbox"/> Collate	<input type="checkbox"/> Wrap	
<input type="checkbox"/> Typeset on file	_____ UP on _____ X _____	<input type="checkbox"/> Xante	<input type="checkbox"/> Staple(s) _____	<input type="checkbox"/> Box _____	

File Prep	Date	Init.	Mins.	Additional Info: _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Outside Costs

Total _____

Shipped _____ Opr. _____ Boxes _____ Wt. _____

Completion Date