

ELECTRONIC DOCUMENT SERVICES REQUEST				FY 97	EDS REQ. NO. (Assigned) _ _ _ _ _ _ _ _ _ _
NAME OF CONTACT		TELEPHONE NO.	BLDG./RM. NO.	ORGANIZATION	DATE
TITLE/DESCRIPTION OF JOB			SERVICE(S) REQUESTED <input type="checkbox"/> Composition <input type="checkbox"/> Envelope <input type="checkbox"/> Stat <input type="checkbox"/> Cover <input type="checkbox"/> Stationery <input type="checkbox"/> Other (specify) _____		
MATERIAL SUBMITTED (specify) <input type="checkbox"/> Manuscript: # _____ <input type="checkbox"/> Telecommunicate (E-mail) <input type="checkbox"/> Disk <input type="checkbox"/> Art/Illustration: # _____ <input type="checkbox"/> Other # _____ (Describe below)			QUANTITY REQUESTED	DESIRED DATE	
REMARKS / SPECIFICATIONS				ASSIGNED TO	
				DATE ASSIGNED	
EPS DIRECTORY / SUB-DIRECTORY(S) (Please check (✓) all that apply) <input type="checkbox"/> General <input type="checkbox"/> Temp Date _____ <hr/> Working: <input type="checkbox"/> EF <input type="checkbox"/> IEF Date _____ <input type="checkbox"/> Formats <input type="checkbox"/> Graphics Date _____ <input type="checkbox"/> POD Date _____				Final: <input type="checkbox"/> EF <input type="checkbox"/> IEF Date _____ POD: <input type="checkbox"/> PCL5 <input type="checkbox"/> PS <input type="checkbox"/> PCL5 & PS Date _____	
FILE NAME	QUALITY CONTROL (Signature)			DATE	
ATTACHMENTS: <input type="checkbox"/> PHS-2626 <input type="checkbox"/> PHS-6383-9 <input type="checkbox"/> OMB <input type="checkbox"/> PIB Clearance <input type="checkbox"/> Other (Identify in Remarks)			DATE JOB COMPLETED	PAMS NO.	
PHS-6383-3 (8/96)				EF	

ELECTRONIC PHOTOTYPESETTING REQUEST				FY 97	EDS REQ. NO. (Assigned) _ _ _ _ _ _ _ _ _ _
NAME OF CONTACT		TELEPHONE NO.	BLDG./RM. NO.	ORGANIZATION	DATE
TITLE/DESCRIPTION OF JOB			SERVICE(S) REQUESTED <input type="checkbox"/> Composition <input type="checkbox"/> Envelope <input type="checkbox"/> Stat <input type="checkbox"/> Cover <input type="checkbox"/> Stationery <input type="checkbox"/> Other (specify) _____		
MATERIAL SUBMITTED (specify) <input type="checkbox"/> Manuscript: # _____ <input type="checkbox"/> Telecommunicate (E-mail) <input type="checkbox"/> Disk <input type="checkbox"/> Art/Illustration: # _____ <input type="checkbox"/> Other # _____ (Describe below)			QUANTITY REQUESTED	DESIRED DATE	
REMARKS / SPECIFICATIONS				ASSIGNED TO	
				DATE ASSIGNED	
EPS DIRECTORY / SUB-DIRECTORY(S) (Please check (✓) all that apply) <input type="checkbox"/> General <input type="checkbox"/> Temp Date _____ <hr/> Working: <input type="checkbox"/> EF <input type="checkbox"/> IEF Date _____ <input type="checkbox"/> Formats <input type="checkbox"/> Graphics Date _____ <input type="checkbox"/> POD Date _____				Final: <input type="checkbox"/> EF <input type="checkbox"/> IEF Date _____ POD: <input type="checkbox"/> PCL5 <input type="checkbox"/> PS <input type="checkbox"/> PCL5 & PS Date _____	
FILE NAME	QUALITY CONTROL (Signature)			DATE	
ATTACHMENTS: <input type="checkbox"/> PHS-2626 <input type="checkbox"/> PHS-6383-9 <input type="checkbox"/> OMB <input type="checkbox"/> PIB Clearance <input type="checkbox"/> Other (Identify in Remarks)			DATE JOB COMPLETED	PAMS NO.	
PHS-6383-3 (8/96)				EF	