

PRINTING AND BINDING REQUISITION FOR SPECIALTY ITEMS

To the PUBLIC PRINTER--Please cause the following work to be furnished:

FROM (Department or Government Establishment) _____ (Bureau or office) _____

Jacket No. (Assigned at GPO) _____ Requisition No. _____

Authorized by (Initials) _____ Date _____

APPROPRIATION CHARGEABLE _____ BILLING ADDRESS CODE (BAC) _____ LAST PRINTING Req. No. _____ Jacket No. _____

TITLE _____ Form No. _____ BASE FORM Req. No. _____ Jacket No. _____

QUANTITY Sets (Other) _____ Pads _____ Books _____ RIDES (Department) _____ Req. No. _____ Jacket No. _____ STRAP with Req. No. _____

DESCRIPTION (Check applicable item) Unit sets (Snapouts) _____ Single stub _____ Double stub _____ Fanfold _____ Strip _____ Marginally punched _____ Continuous _____ In strips of _____ sets

Direct image master _____ Hectograph _____ Azograph _____ Foldover style _____ Substyle _____ (Other) _____

Part No.	Size (Detached)	Paper (basis 1,000 sheets)			Color of Ink			Head in -	Stub Position *
		Color	Kind	Substance	Face	Back	Overprint		
	X								
	X								
	X								
	X								
	X								
	X								
	X								
	X								
	X								
	X								
	X								
	X								
	X								
	X								
	X								

* T = Top edge (Head of form) B = Bottom edge (Foot of form) R = Right edge L = Left edge

COVER Top only _____ Two piece _____ Wrap around _____ With writing stop _____ Matchbook style _____ Chipboard back _____

(Other) _____

Stock (Color and kind) _____ Basis (1,000 sheets) _____ Color of Ink _____

MARGINS FACE-Head _____ Side(s) _____ BACK-Head _____ Side(s) _____ **STUB** _____ Width (If other than manufacturer's standard, specify) _____ Inch.

Glue, paste _____ Forced gum _____ Pad _____ Wire Stitch _____ Sew _____

SERIAL NUMBERS (SETS) (PARTS)--From _____ to _____ in _____ Ink in _____ place(s) _____ **SKIPS** Acceptable _____ Not Acceptable _____

COVER--From _____ to _____ in _____ Ink in _____ place(s) _____ List on package _____ Do not list _____

CARBON **INTERLEAVE** Between all parts _____ After part Nos. _____ **COLOR** Black _____ Blue _____ Purple _____ Brown _____ **KIND** One time _____ Dual purpose _____ Liquid process _____ Gelatin Process _____ **EXTRACTION** Mr.'s Std. _____ (Other) _____

INTENDED USAGE Manual typewriter _____ Ball-point pen _____ If special machine, specify machine and model No. _____ Electric typewriter _____ Pencil _____ All carbon paper must be of sufficient density and graded sensitivity to insure clean, legible copies on all parts

COVERAGE _____ **TO PRODUCE** _____ After storage of _____ Months _____ **PROTECTIVE COATING** None _____ Mr.'s Std. _____ (Other) _____

PERFORATE (Excluding stub perforations on unit sets (snapouts))

Horizontal _____ Vertical _____

Stub perforations must be such as to guarantee easy separation of all parts individually or in one operation but sufficient strength must be retained to prevent disengagement of any part under normal handling and shipping conditions.

PUNCH OR DRILL **FILE HOLES** No. holes _____ Inches c. to c. _____ Sheets only _____ Shape _____ Location to centers _____ Sheets and carbons _____ Diameter _____ Inch _____ **MARGINAL** Left _____ Right _____ Sheets _____ Inch _____ Carbons _____ Inch _____ Manufacturer's standard _____

FASTENERS Mr.'s option _____ Wire stitch _____ Sew _____ (Other) _____ Location _____

REGISTER All parts each set _____ With form No. _____ (Other) _____

PROOFS **DATE REQUESTED** _____ **QUANTITY** _____ **RETURN IN** _____ **DELIVER TO:** _____

Sets _____ Days _____

PACKAGING Wrap _____ Tie _____ Band _____ Manufacturer's Standard _____ (Other) _____

In units of _____ sets _____

DELIVERY **DATE REQUESTED** _____ **TO:** _____ Number of B/L furnished by Dept. _____

It is certified that this work is authorized by law and necessary to the conduct of the business of the government establishment named above and that the illustrations ordered are necessary and relate entirely to public business.