

SF 1

PRINTING AND BINDING REQUISITION To the PUBLIC PRINTER Please furnish the following:

FROM (Department or Government Establishment)		JACKET NO. (Assigned at GPO)		Red Black	REQUISITION NO.										
APPROPRIATION CHARGEABLE / APPLICABLE LAW		(Bureau or Office)		DATE											
TITLE		BILLING ADDRESS CODE (BAC)		AUTHORIZED BY											
QUANTITY (Units of finished products)		FINISHED PRODUCT (Check one) Books or Pamphlets Blank Forms (Sheets) Sets Pads or Tablets Other (Specify)		CLASSIFICATION											
THIS ORDER RIDES (Department)		(Requisition No.)		(Jacket No.)											
PAPER STOCK AND INK	Text	FIRST CHOICE (Grade, color, and basis weight)		SECOND CHOICE (If any)											
	Cover														
	OTHER (Specify)														
COMPOSITION	FURNISHED (Electronic Files)		(Negatives)	(Camera Copy)	(Manuscript)	(Shoot printed copy)	PREVIOUS JACKET / REQ NO. (If Reprint)								
	TEXT TYPE (Point, Face, Leaded/Solid)		DISPLAY TYPE (Face)		MARGINS (After trim)	Back/Left	Top	Other	FOL. LIT.	FORMS MUST REGISTER	TYPEWRITER SPACING				
	TYPE PAGE WIDTH (Picas)		No. of Cols.	Col. Width	TYPE PAGE DEPTH (Include running head but not bottom folio)		ILLUSTRATIONS (Total)		PICKUP FROM: Jacket No.		Req. No.	RESTORE TO ORIGINAL JACKET	HOLD REPRODUCIBLES (Specify) (Negs, type, mag tape)		Weeks
PRESS AND BINDERY	PRINT One Side Only		Head to Head	Head to Foot	Other	COVER PRINTS 1 2 3 4		EMBOSS	RULING (Print or Bindery)	PERFORATE SCORE		Position		NUMBER (Inclusive)	Color of ink
	SIZE FLAT (inches) FORMS, SETS, PADS		FOLD TO (Inches)		SIZE TRIMMED PAGE (Inches) BOOKS/PAMPHLETS		PAGES		FOLDINS / INSERTS		PAPER COVERS (Self) (Separate)		TO		
	WIRE STITCH (Side) (Saddle) (No.)		PASTE ON FOLD		LOOSELEAF	ADHESIVE BOUND	SEW	CASE BOUND (Material and Color)		STAMP TITLE (Bindery) Cover		Spine	Gold	Im. Gold	Ink (Color)
	PAD/SETS (Gum) (Stitch) (Pos.)		(Sheets in Pad)	(Sets in Pad)	(Sheets in Set)	PUNCH/DRILL	(Shape)	(No. of Holes)	(Diam.)	(Inches Center to Center)		(Pos.)	ROUND CORNERS (No.) (Position)		
	GATHER (Explain)		CARBON INTERLEAVE		INDEX (Cut)	(Tab)	(Bleed)	LIP DIVIDERS (Height of Lip)		(Width of cut 1/5 etc.)		(Pos.)			
PROOFS AND DELIVERY	REQUESTED PROOF DATE		PROOF SETS (Galley) (Page)		DEPT. HOLD (Workdays) (Galley) (Pages)		PROOFS TO								
	REQUESTED DELIVERY DATE		KRAFT WRAP	SHRINK FILM	BAND IN SETS	SUITABLE	OTHER PACKAGING (SPECIFY)		QUANTITY IN PACKAGE		PACK IN CARTONS	B/L FURNISHED			
	DELIVER TO														

ADDITIONAL INFORMATION

FOR ADDITIONAL INFORMATION CONTACT (Name and Telephone Number)

BILLING ADDRESS (If BAC has not been assigned)

I certify that this work is authorized by law and necessary to the conduct of the business of the above-mentioned government establishment.

STANDARD FORM 1 (Rev. July 1979)
Prescribed by GPO
Title 44 of the U.S. Code Control No. 1-110

(Authorizing Signature)

(Title)