

New Jersey Department of Health REQUISITION FOR PRINTING AND GRAPHIC DESIGN

| PRINTING AND GRAPHIC DESIGN USE ONLY |
|--------------------------------------|
| Received: _____ |
| Control #: _____ |
| Graphics #: _____ |
| Assigned To: _____ |

| | | | |
|--|---|--------------------------------------|---|
| Department Submitting Request (<i>check only one</i>): | | | |
| <input type="checkbox"/> Health | <input type="checkbox"/> Human Services | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Other: _____ | | | |

INSTRUCTIONS FOR NJDOH USERS:

- ◆ Requests for **forms, certificates, letterhead and envelopes** should be forwarded directly to Forms Control and Records Management (FCRM), PO Box 360, along with one (1) sample of the item to be printed.
- ◆ All other requests should be forwarded directly to Printing and Graphic Design, Room B-10, Health-Agriculture Building, PO Box 360, along with one (1) sample of the item to be printed. Requests can be accepted electronically and may be emailed to print.graphicdesign@doh.nj.gov.
- ◆ **Review by the Office of Communications is required** for all printed items that will be distributed to the public, and **an approved OC-13 must accompany the PG-1 form**. Approval is required even for "Exact Repeats."

ADDITIONAL GENERAL INSTRUCTIONS FOR ALL USERS:

- ◆ Original documents, not photocopies or scans, are required for printing. If item is available in electronic format, please forward with PG-1 form.
- ◆ If a **price quote** was previously obtained, please include it with the PG-1 form.

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|---|---|--|---|--|
| Type Request | Request Submitted Date | Requested Delivery Date | Form No. | Project for <input type="checkbox"/> Permanent Use <input type="checkbox"/> One-Time Use |
| Printing Control # (G,C,H,J#) | Project Title | | | OC-13 Form Required? <input type="checkbox"/> No <input type="checkbox"/> Yes - Attached |
| Quantity | <input type="checkbox"/> Business Cards (attach PG-2 for each name) <input type="checkbox"/> Certificates/Awards | | <input type="checkbox"/> Envelope: PO Box: _____ Size/Type: _____ Color: _____ | |
| Number of Pages (1 side=1 page) | <input type="checkbox"/> Tent Signs: <input type="checkbox"/> Blank <input type="checkbox"/> DOH Logo <input type="checkbox"/> State Seal | | Ink Color <input type="checkbox"/> Black <input type="checkbox"/> Other Color: _____ <input type="checkbox"/> Full Color | |
| <input type="checkbox"/> Single Sided <input type="checkbox"/> Double Sided | Finished Size | Paper Type and Color <input type="checkbox"/> Plain Bond <input type="checkbox"/> Cover <input type="checkbox"/> NCR-____ Parts <input type="checkbox"/> Paper Color (if not white): _____ <input type="checkbox"/> Cover Color (if not white): _____ | | |
| Finishing | | | | |
| <input type="checkbox"/> Collate/Staple <input type="checkbox"/> Punch: ____ holes <input type="checkbox"/> Laminate <input type="checkbox"/> Velobind Color: <input type="checkbox"/> Collate/Slipsheet <input type="checkbox"/> Shrink Wrap: ____/Pack <input type="checkbox"/> Mount on Poster Board <input type="checkbox"/> Spiral Bind Color: <input type="checkbox"/> Fold <input type="checkbox"/> Pad: ____/sheets per pad <input type="checkbox"/> Framing (if available) <input type="checkbox"/> Tape Bind Color: <input type="checkbox"/> Perforate <input type="checkbox"/> Mail Merge <input type="checkbox"/> Saddle Stitch (booklet staple) | | | | |

| Special Instructions | PRINTING AND GRAPHIC DESIGN USE ONLY <input type="checkbox"/> EOM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--------|------|-------|-------|--------|---------|--|----|------|--------|------|-------|-------|--------|---------|--|--|--|--|--|--|--|--|---|----------------|----------|-------|----------|---------|----------|-------|----------|----------------|----------|--------------------|-----------------|
| | <u>Digital</u> Black Imp _____ x _____ = \$ _____ Color Imp _____ x _____ = \$ _____ Color Imp _____ x _____ = \$ _____ Subtotal Imp _____ <u>Offset</u> Imp _____ x _____ = \$ _____ Imp _____ x _____ = \$ _____ Subtotal Imp _____ Imp Total _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="8" style="text-align: left; padding: 2px;">Account Number</th> </tr> <tr> <th style="width: 10%; padding: 2px;">FY</th> <th style="width: 10%; padding: 2px;">Fund</th> <th style="width: 10%; padding: 2px;">Agency</th> <th style="width: 10%; padding: 2px;">Org.</th> <th style="width: 10%; padding: 2px;">Appr.</th> <th style="width: 10%; padding: 2px;">Acct.</th> <th style="width: 10%; padding: 2px;">Object</th> <th style="width: 10%; padding: 2px;">Rpt Cat</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Account Number | | | | | | | | FY | Fund | Agency | Org. | Appr. | Acct. | Object | Rpt Cat | | | | | | | | | <table style="width: 100%;"> <tr> <td style="width: 60%;">Printing Total</td> <td style="width: 40%;">\$ _____</td> </tr> <tr> <td>Stock</td> <td>\$ _____</td> </tr> <tr> <td>Binding</td> <td>\$ _____</td> </tr> <tr> <td>Other</td> <td>\$ _____</td> </tr> <tr> <td>Graphics Total</td> <td>\$ _____</td> </tr> <tr> <td>Grand Total</td> <td>\$ _____</td> </tr> </table> | Printing Total | \$ _____ | Stock | \$ _____ | Binding | \$ _____ | Other | \$ _____ | Graphics Total | \$ _____ | Grand Total | \$ _____ |
| Account Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FY | Fund | Agency | Org. | Appr. | Acct. | Object | Rpt Cat | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Printing Total | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stock | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Binding | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Graphics Total | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grand Total | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Funds Approved By (Print): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Funds Approved By (Signature): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Division: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Program: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Requested By: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Person to Approve Proof: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone Number (Required): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Delivery OR <input type="checkbox"/> Pick-up | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Delivery Location: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Notes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Completed By | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |