

Deliver to: _____

(Trenton Only) Name _____

Address _____

Bldg. _____

Floor _____

Room No. _____

DEPARTMENT OF THE TREASURY DIVISION OF ADMINISTRATION PRINTING SERVICES PO BOX 030		REQUISITIONS FOR INTERNAL PRINTING			
		DATE NEEDED		ORDERED BY:	
USING AGENCY		ACCOUNT NUMBER		Phone:	
				Fax:	
QUANTITY		<input type="checkbox"/> FLAT FORM NO. SHEETS _____		DATE REC. - PRINT SHOP	
		<input type="checkbox"/> BOOKLET NO. PAGES _____			
TITLE OR DESCRIPTION		FORM NO.		SPECIAL INSTRUCTIONS	
				CONTROL NUMBER	
				USING AGENCY	

SPECIFICATIONS	PREPARATION, PRESS AND FINISH
RECYCLED PAPER <input type="checkbox"/> 20LB <input type="checkbox"/> 24LB <input type="checkbox"/> 60LB <input type="checkbox"/> OTHER _____ <input type="checkbox"/> BOND <input type="checkbox"/> OFFSET <input type="checkbox"/> INDEX <input type="checkbox"/> ENVELOPE <input type="checkbox"/> NCR <input type="checkbox"/> 2 PART <input type="checkbox"/> 3 PART <input type="checkbox"/> 4 PART <input type="checkbox"/> NCR OTHER _____ <input type="checkbox"/> RAG BOND: <input type="checkbox"/> SYNERGY <input type="checkbox"/> OTHER _____ OTHER: <input type="checkbox"/> WHITE <input type="checkbox"/> OTHER _____ COVER COLOR: <input type="checkbox"/> WHITE <input type="checkbox"/> OTHER _____ INK: <input type="checkbox"/> ROYAL BLUE <input type="checkbox"/> BLACK <input type="checkbox"/> PMS # _____ IMPS. _____ DATE COMP. _____	FINISHED FORM SIZE <input type="checkbox"/> 4-1/4 x 5-1/2 <input type="checkbox"/> 8-1/2 x 13 <input type="checkbox"/> 5-1/2 x 8-1/2 <input type="checkbox"/> 8-1/2 x 14 <input type="checkbox"/> 8-1/2 x 11 <input type="checkbox"/> 11 x 17 <input type="checkbox"/> OTHER _____ TYPE <input type="checkbox"/> METAL <input type="checkbox"/> NEW <input type="checkbox"/> MEGA <input type="checkbox"/> REVISED <input type="checkbox"/> COPIER <input type="checkbox"/> RERUN <input type="checkbox"/> COLOR COPIER
<input type="checkbox"/> ONE SIDE <input type="checkbox"/> COLLATE <input type="checkbox"/> SPIRAL BINDING <input type="checkbox"/> TWO SIDES <input type="checkbox"/> STAPLE <input type="checkbox"/> NUMBER <input type="checkbox"/> TYPESET <input type="checkbox"/> PAD <input type="checkbox"/> WRAP <input type="checkbox"/> CUT <input type="checkbox"/> PUNCH <input type="checkbox"/> BOX <input type="checkbox"/> FOLD <input type="checkbox"/> PERFORATE <input type="checkbox"/> SHIP <input type="checkbox"/> TAPE BINDING <input type="checkbox"/> LAMINATE <input type="checkbox"/> OTHER	APPROVAL OFFICER - USING AGENCY _____ DATE _____

INSTRUCTIONS TO USER:

A. This form must be completed on all requests for Internal Printing.
 B. Detach last copy for your record.
 C. Forward 4 copies, with sample, to Approval Officer.
 (Please do not staple sample to Order Form.)

For Use By Treasury Printing Services Only

	APPROVED	BY
	DISAPPROVED	

FOR PRINTING SECTION USE ONLY

MACHINE CODE _____			EMPLOYEE CODE _____		
DATE	FRONTS	BACKS	REMARKS	APPROVED BY	OPERATOR

TOTAL COST \$ _____	STOCK PAPER USED	SPECIAL PAPER	TYPESET	OUTSIDE CHARGE	SPECIAL RATES								
LABOR <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">HOURS</th> <th style="width:50%;">MINUTES</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>	HOURS	MINUTES			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">SIZE</th> <th style="width:50%;">REAMS</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>	SIZE	REAMS					1 _____ 2 _____ 3 _____ 4 _____	<input type="checkbox"/> MINIMUM CHARGE <input type="checkbox"/> STANDBY TIME <input type="checkbox"/> RUSH <input type="checkbox"/> DELIVERY
HOURS	MINUTES												
SIZE	REAMS												

PREPARATION					PRINTING TIME		BINDING/FINISHING		
	AMT.	SIZE	TIME	INITIAL	START	END	DATE	OPR	TIME
PREP							<input type="checkbox"/> CUT		
LAYOUT				<input type="checkbox"/> PAD					
NEGS				<input type="checkbox"/> PUNCH					
M PLATES				<input type="checkbox"/> FOLD					
P PLATES				<input type="checkbox"/> WRAP					
							<input type="checkbox"/> OTHER		