

Printing Request Order

Date Submitted To State Printing		Agency	Department Code	Agency Reference Number	OAKS Requisition Number
Fund	Account	ALI	Program	OAKS Shipping Code	State Printing Job No.
Proof To: (Agency, Name & Address)		Ship To: (Agency, Name & Address)		Bill To: (Agency, Name & Address)	State Printing Projected Delivery
Specifications Prepared By:					Delivery Date Requested
				Phone No.	
Quantity	Document Title			Form No.	Previous PO No./FY
No. UP	OAKS Requestor		Phone No.	Fax No.	

SPECIFICATIONS

<p>PRINTING</p> <p>No. of Pages/Originals or Parts of the Form _____</p> <p><input type="checkbox"/> One Side</p> <p>Two Sides:</p> <p><input type="checkbox"/> Head to Head <input type="checkbox"/> Head to Foot</p> <p><input type="checkbox"/> Head to Side</p> <hr/> <p>SIZE</p> <p><input type="checkbox"/> 8 1/2 x 11 <input type="checkbox"/> Bleed</p> <p><input type="checkbox"/> 8 1/2 x 14</p> <p><input type="checkbox"/> Other (Specify) _____</p> <hr/> <p>ENVELOPE</p> <p><input type="checkbox"/> Select Envelope</p> <p>Size: _____</p> <hr/> <p>SCANNING</p> <p><input type="checkbox"/> No. of Originals _____</p>	<p>PAPER DESCRIPTION</p> <p>Text</p> <p>Name: _____</p> <p>Type: _____</p> <p>Color: _____</p> <p>Basis Weight: _____</p> <p>Cover</p> <p>Name: _____</p> <p>Type: _____</p> <p>Color: _____</p> <p>Basis Weight: _____</p> <hr/> <p>MYLAR COVERS</p> <p><input type="checkbox"/> Front only _____</p> <p><input type="checkbox"/> Front and back _____</p> <hr/> <p>TABS</p> <p><input type="checkbox"/> _____</p>	<p>INK</p> <p><input type="checkbox"/> Black</p> <p><input type="checkbox"/> Other</p> <p>Specify PMS _____</p> <p><input type="checkbox"/> 4 Color Process</p> <p><input type="checkbox"/> Color Copy</p> <p><input type="checkbox"/> Varnish</p> <p><input type="checkbox"/> Other</p> <p>Specify _____</p> <hr/> <p>NUMBERING</p> <p>Ink Color for Numbering _____</p> <p>Starting # _____</p> <p>Ending # _____</p> <hr/> <p>WAFER SEAL</p> <p><input type="checkbox"/> _____</p>	<p>PADDING</p> <p><input type="checkbox"/> Top <input type="checkbox"/> Side</p> <p>Sheets per Pad _____</p> <hr/> <p>DRILLING</p> <p><input type="checkbox"/> 3 Hole Standard</p> <p><input type="checkbox"/> Other (Specify) _____</p> <hr/> <p>STUB</p> <p><input type="checkbox"/> 3/4" <input type="checkbox"/> 1/2"</p> <p><input type="checkbox"/> Top <input type="checkbox"/> Side</p> <hr/> <p>PACKAGING</p> <p><input type="checkbox"/> Shrink Wrap</p> <p>Wrap Per Package _____</p> <p><input type="checkbox"/> Carton Pack</p> <p>No. of Boxes _____</p> <p>Label Information</p>	<p>FINISHING</p> <p><input type="checkbox"/> Perfect Bound <input type="checkbox"/> Staple Upper Left Corner</p> <p><input type="checkbox"/> Side Stitch <input type="checkbox"/> Saddle Stitch</p> <p><input type="checkbox"/> Tape Bound <input type="checkbox"/> Wire O</p> <p><input type="checkbox"/> Coil binding</p> <p>Select Wire, Coil</p> <p>Tape Color _____</p> <p><input type="checkbox"/> Collate <input type="checkbox"/> Laminate</p> <p><input type="checkbox"/> Laminate & Mount</p> <p><input type="checkbox"/> Perforating _____</p> <p><input type="checkbox"/> Fold to _____</p> <hr/> <p>ART</p> <p><input type="checkbox"/> Exact Reprint/No Change</p> <p><input type="checkbox"/> Artwork Attached</p> <p><input type="checkbox"/> Emailed to: _____</p> <p><input type="checkbox"/> Uploaded to ftp site</p> <p>File name: _____</p> <p><input type="checkbox"/> Sample Attached</p> <p><input type="checkbox"/> Film Negative Attached</p> <p><input type="checkbox"/> Typesetting Requested</p> <p><input type="checkbox"/> Disk Provided</p> <p><input type="checkbox"/> PC <input type="checkbox"/> Mac</p> <p>Program _____</p> <p>Version _____</p>
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ADDITIONAL SPECIFICATIONS (attach additional sheet if necessary)

We hereby certify that the goods or services above are necessary for our use and authorize the Department of Administrative Services to make payment from our funds.

Director/Director's Designee Authorized Signature

Title	Date
Delivery Received By (Print Name)	Date

CD/DVD DUPLICATION	
<input type="checkbox"/> CD <input type="checkbox"/> DVD	
<input type="checkbox"/> Disk Color _____	
Packaging Option	

COPY CENTER ONLY		NO. OF ORIGINALS
Printed By:	Quantity:	B/W:
Machine Code:	Total # of 8.5" x 11" Imp.:	Color:
		Tabs: