

# 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
Quantity				Document Title	Form No.
No. UP				OAKS Requestor	Phone No.
					Fax No.

## SPECIFICATIONS

<p><b>PRINTING</b></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><b>SIZE</b></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><b>ENVELOPE</b></p> <p><input type="checkbox"/> Select Envelope</p> <p>Size: _____</p> <hr/> <p><b>SCANNING</b></p> <p><input type="checkbox"/> No. of Originals _____</p>	<p><b>PAPER DESCRIPTION</b></p> <p><b>Text</b></p> <p>Name: _____</p> <p>Type: _____</p> <p>Color: _____</p> <p>Basis Weight: _____</p> <p><b>Cover</b></p> <p>Name: _____</p> <p>Type: _____</p> <p>Color: _____</p> <p>Basis Weight: _____</p> <hr/> <p><b>MYLAR COVERS</b></p> <p><input type="checkbox"/> Front only _____</p> <p><input type="checkbox"/> Front and back _____</p> <hr/> <p><b>TABS</b></p> <p><input type="checkbox"/> _____</p>	<p><b>INK</b></p> <p><input type="checkbox"/> Black</p> <p><input type="checkbox"/> Other 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 Specify _____</p> <hr/> <p><b>NUMBERING</b></p> <p>Ink Color for Numbering _____</p> <p>Starting # _____</p> <p>Ending # _____</p> <hr/> <p><b>WAFER SEAL</b></p> <p><input type="checkbox"/> _____</p>	<p><b>PADDING</b></p> <p><input type="checkbox"/> Top    <input type="checkbox"/> Side</p> <p>Sheets per Pad _____</p> <hr/> <p><b>DRILLING</b></p> <p><input type="checkbox"/> 3 Hole Standard</p> <p><input type="checkbox"/> Other (Specify) _____</p> <hr/> <p><b>STUB</b></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><b>PACKAGING</b></p> <p><input type="checkbox"/> Shrink Wrap Wrap Per Package _____</p> <p><input type="checkbox"/> Carton Pack No. of Boxes _____</p> <p><b>Label Information</b></p>	<p><b>FINISHING</b></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 Tape Color _____</p> <p><input type="checkbox"/> Collate    <input type="checkbox"/> Laminate</p> <p><input type="checkbox"/> Laminate &amp; Mount</p> <p><input type="checkbox"/> Perforating _____</p> <p><input type="checkbox"/> Fold to _____</p> <hr/> <p><b>ART</b></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 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)

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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

<b>CD/DVD DUPLICATION</b>	
<input type="checkbox"/> CD <input type="checkbox"/> DVD	
<input type="checkbox"/> Disk Color _____	
Packaging Option _____	
<b>COPY CENTER ONLY</b>	
Printed By: _____	Quantity: _____
Machine Code: _____	Total # of 8.5" x 11" Imp.: _____
<b>NO. OF ORIGINALS</b>	
B/W: _____	
Color: _____	
Tabs: _____	