

<b>DOD PRINTING REQUISITION/ORDER</b>		CLASSIFICATION <small>(Requisition automatically becomes "UNCL" when detached from classified material.)</small>			<b>FOR PLANT USE</b>	(PLANT JOB NUMBER)			
REQUISITION NO.	DATE OF REQUEST	REQUESTED DEL'Y	EST. COST	SCHEDULED COMPLETION DATE		ESTIMATED COST			
FOR REFERENCE CONSULT			PHONE						
ACCOUNTING DATA									
FORM/PUBLICATION NO. AND TITLE <small>(In that order)</small>									
QTY. <small>(Specify shts, sets, etc.)</small>		PAGES	QTY. WILL LAST MOS.	JOB TO BE REPRINTED <input type="checkbox"/> YES <input type="checkbox"/> NO	JOB IS <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> A REPRINT			LAST JOB NO.	
ENCLOSURES <small>(Submit clean, well protected copy)</small>			<small>(If other, specify)</small>		PROOFS <small>(Specify only if necessary)</small>				
PAGES COPY	NEGA-TIVES	PLATES		<input type="checkbox"/> NOT REQ'D		SEND TO:			
<b>SPECIFICATION</b>	FINISHED SIZE X	MARGINS (Top) <small>(Left/Bind)</small>		INK <small>(If not black)</small>		GRADE OF PAPER*	WEIGHT*	COLOR*	
	FOLD TO (Size) X	<input type="checkbox"/> ONE SIDE PRINT	<input type="checkbox"/> HEAD TO HEAD	<input type="checkbox"/> HEAD TO FOOT	OTHER <small>(SEE COPY ATTACHED)</small>		1.		
	ASSEMBLE <input type="checkbox"/> IN SETS <input type="checkbox"/> PAGE SEQ.	WIRE STITCH <small>(Staple)</small> Number Stitches: <input type="checkbox"/> UPPER LEFT <input type="checkbox"/> TOP <input type="checkbox"/>		OTHER <small>(Specify)</small>		4.			
	STANDARD PUNCH <small>(Drill)</small> <input type="checkbox"/> 2-HOLE TOP <input type="checkbox"/> 3-HOLE LEFT	OTHER <small>(Diameter)</small>	<small>(Ctr. to ctr.)</small>	<small>(Location)</small>		6.			
	PERFORATE/SCORE <input type="checkbox"/> SEE COPY	PAD	<small>(Location)</small> SHTS SETS <input type="checkbox"/> TOP <input type="checkbox"/> LEFT		<input type="checkbox"/> YES <input type="checkbox"/> NO PRONG FASTENERS		*NOTE: Grades and weight of paper will be in accordance with specifications issued by the Congressional Joint Committee on Printing. No deviations permitted unless justified.		
	COMPOSING/PROCESSING <small>(Prepare/alter copy; fotolista; offset; etc.)</small>				WRAP <small>(No. per pkg.)</small>		DISPOSITION OF NEGS. _____ ORIG. _____ H-HOLD D-DESTROY R-RETURN		
	<b>FOR PLANT USE ONLY</b>					<b>SPECIAL INSTRUCTIONS/REMARKS</b>			
NUMBER ORIG.	LINE H.T.				SERIAL NUMBERING, REGISTRATION, ETC.				
IMAGE SIZE X									
PRESS	PLATES								IMP
PRESS SHEET SIZE									
TRIM SIZE									
PLANNED BY									
ORDERING OFFICE <small>(If other than delivery address)</small>									DELIVER TO <small>(Complete address)</small>
LIAISON OFFICE APPROVAL <small>(Signature and date)</small>									
APPROVING OFFICE <small>(Signature and date)</small>									
SEND CONFIRMATION/BILLING COPY TO <small>(Insert complete mailing address)</small>					DISTRIBUTION REQUIRED <input type="checkbox"/> LIST / <input type="checkbox"/> LABELS ATTACHED				
					WILL PICK UP - PLEASE NOTIFY: <span style="float: right;"><small>(Ext.)</small></span>				
					<input type="checkbox"/> HOLD				
					MATERIAL RECEIVED <small>(Signature and date)</small>				