

SF 1

PRINTING AND BINDING REQUISITION

To the PUBLIC PRINTER Please furnish the following:

JACKET NO. (Assigned at GPO)		<input type="checkbox"/> Red <input type="checkbox"/> Black	REQUISITION NO.
FROM (Department or Government Establishment)		(Bureau or Office)	DATE
APPROPRIATION CHARGEABLE / APPLICABLE LAW		BILLING ADDRESS CODE (BAC)	AUTHORIZED BY
TITLE		QUALITY LEVEL	FORM NO.
QUANTITY (Units of finished products)	FINISHED PRODUCT (Check one) <input type="checkbox"/> Books or Pamphlets <input type="checkbox"/> Blank Forms (Sheets) <input type="checkbox"/> Sets <input type="checkbox"/> Pads or Tablets <input type="checkbox"/> Other (Specify)		CLASSIFICATION
THIS ORDER RIDES (Department)	(Requisition No.)	(Jacket No.)	STRAP WITH REQUISITION NO.
PAPER STOCK AND INK	Text	FIRST CHOICE (Grade, color, and basis weight)	SECOND CHOICE (If any)
	Cover		
	OTHER (Specify)		
COMPOSITION	FURNISHED (Magnetic tape) <input type="checkbox"/> Direct Drive <input type="checkbox"/> Other	(Negatives)	(Camera Copy)
	(Manuscript)	(Shoot printed copy)	PREVIOUS JACKET / REQ NO. (If Reprint)
	TEXT TYPE (Point, Face, Leaded/Solid)	DISPLAY TYPE (Face)	MARGINS (After trim) Picas/Inches
TYPE PAGE WIDTH (Picas)		No. of Cols.	Col. Width
TYPE PAGE DEPTH (Include running head but not bottom folio)		ILLUSTRATIONS (Total)	PICKUP FROM: Jacket No. Req. No. RESTORE TO ORIGINAL JACKET
PRINT One Side Only		Head to Head	Head to Foot
COVER PRINTS 1 2 3 4		EMBOSS	RULING (Print or Bindery)
PERFORATE SCORE		Position	NUMBER (Inclusive) TO Color of ink
SIZE FLAT (inches) FORMS, SETS, PADS		FOLD TO (Inches)	SIZE TRIMMED PAGE (Inches) BOOKS/PAMPHLETS
WIRE STITCH (Side) (Saddle) (No.)		PASTE ON FOLD	LOOSELEAF ADHESIVE BOUND SEW
PAD/SETS (Gum) (Stitch) (Pos.)		(Sheets in Pad)	(Sets in Pad)
GATHER (Explain)		CARBON INTERLEAVE	INDEX (Cut) (Tab) (Bleed)
REQUESTED PROOF DATE		PROOF SETS (Galley) (Page)	DEPT. HOLD (Workdays) (Pages)
REQUESTED DELIVERY DATE		KRAFT WRAP	SHRINK FILM
DELIVER TO		BAND IN SETS	SUITABLE
OTHER PACKAGING (SPECIFY)		QUANTITY IN PACKAGE	PACK IN CARTONS
B/L FURNISHED			

ADDITIONAL INFORMATION

FOR ADDITIONAL INFORMATION CONTACT (Name and Telephone Number)

BILLING ADDRESS (If BAC has not been assigned)

I certify that this work is authorized by law and necessary to the conduct of the business of the above-mentioned government establishment.

STANDARD FORM 1 (Rev. July 1979)
 Prescribed by GPO
 Title 44 of the U.S. Code Control No. 1-110

(Authorizing Signature)

(Title)