

1. REQ. NO. (ACT NO. GSA ONLY)		<b>REQUISITION FOR REPRODUCTION SERVICES</b> <i>(See Instructions on Back of Part 6)</i>	<b>THIS SECTION FOR PLANT USE ONLY</b>		
2. BLANKET REQ. (Period covered)			SHOP JOB NO.		
FROM	TO	<b>CHARGE(S) FOR SERVICES</b>			
		IN PLANT 01	OUT PROC 12	TOTAL COST	
		\$	\$	\$	

3a. ORDERING OFFICE (Complete mailing address, include ZIP Code)		4. DATE OF ORDER	5. DATE REQUIRED AT DESTINATION
3b. PERSON TO CONTACT (Name and Telephone number)		6. APPROPRIATION AND ALLOTMENT CHARGEABLE	
		7. BILLING ADDRESS CODE (BOAC)	8. CUSTOMER CONV. CODE (GSA Only)

9. TYPE OF SERVICE (Check all that apply)		10. DESCRIPTION OF SERVICES AND/OR MATERIAL TO BE REPRODUCED <i>(i.e., Form No. and title, name of pamphlet or brochure, etc.)</i>	
<input type="checkbox"/> PRINTING/BINDING	<input type="checkbox"/> ELECTRONIC REPRODUCTION		
<input type="checkbox"/> ADDRESS/MAILING	<input type="checkbox"/> GRAPHIC ARTS (Atlanta Only)		
<input type="checkbox"/> DISTRIBUTION	<input type="checkbox"/> OTHER (Specify)		
<input type="checkbox"/> ELECTRONIC PREP./DESIGN			

11. SPECIFICATIONS											
a. QUANTITY REQUIRED		b. NO. OF PAGES SUBMITTED		c. PAPER AND INK						g. FOLD TO:	
				COVER			TEXT				
				TYPE AND COLOR	WEIGHT	INK COLOR	TYPE AND COLOR	WEIGHT	INK COLOR		
d. PRINT		e. COMPLETED SIZE			f. MARGINS			h. ASSEMBLE			
<input type="checkbox"/> ONE SIDE	<input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> 8-1/2 x 11"	<input type="checkbox"/> 17" x 22"	FRONT		BACK				<input type="checkbox"/> PER ART <input type="checkbox"/> PER	
<input type="checkbox"/> HEAD TO HEAD		<input type="checkbox"/> 8-1/2 x 14"	<input type="checkbox"/> OTHER (Specify)	TOP	LEFT	TOP	LEFT				
<input type="checkbox"/> HEAD TO FOOT		<input type="checkbox"/> 11" x 17"									
								"x"			

12. BINDERY							13. PACKAGING			
a. TYPE			b. STAPLE(S)		c. PAD		d. PUNCHING			SHRINK WRAP
<input type="checkbox"/> SADDLE STITCH	<input type="checkbox"/> PLASTIC COMB	<input type="checkbox"/> HOT TAPE	<input type="checkbox"/> TOP	NUMBER OF SHEETS PER PAD	TOP		RIGHT SIDE		<input type="checkbox"/> BAND	
<input type="checkbox"/> SIDE WIRE	<input type="checkbox"/> HOT TAPE	<input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> LEFT SIDE		BOTTOM		LEFT SIDE		<input type="checkbox"/> TIE	
<input type="checkbox"/> PERFECT	<input type="checkbox"/> OTHER (Specify)	NO. OF STAPLES			NO. OF HOLES	DIAMETER	C TO C	PACKAGE IN SETS OF		
<input type="checkbox"/> LOOSELEAF										

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15. DISTRIBUTION						
a. NO. OF COPIES	b. NAME OF PERSON TO WHOM WORK IS TO BE DELIVERED	c. BUILDING	d. ROOM NO.	E. MAIL OR DISTRIBUTE FROM:		
				<input type="checkbox"/> HANDLIST ATTACHED	<input type="checkbox"/> LABELS ATTACHED	<input type="checkbox"/> OTHER (Specify)
				<input type="checkbox"/> PRINTOUT ATTACHED		
				<input type="checkbox"/> DISK ATTACHED		
				<input type="checkbox"/> MAIL LIST NUMBER/CODE		

16. CERTIFICATION		
a. THIS WORK IS AUTHORIZED BY REGULATIONS AND IS NECESSARY TO THE CONDUCT OF OFFICIAL BUSINESS AND THE SPECIFICATIONS ARE THE MINIMUM NECESSARY TO MEET AGENCY REQUIREMENTS	b. GPO WAS CONTACTED AND THEY ADVISED THAT THE WORK WAS NOT COMMERCIALY PROCURABLE AT A LOWER COST OR WITHIN THE TIME FRAME REQUIRED.	c. THE USE OF MORE THAN ONE COLOR IS IN ACCORDANCE WITH DEPARTMENT REGULATIONS. THE ILLUSTRATIONS USED IN THIS PUBLICATION ARE FUNCTIONAL AND RELATED ENTIRELY TO OFFICIAL BUSINESS.
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<input type="checkbox"/> DISTRIBUTION	<input type="checkbox"/> OTHER (Specify)		
<input type="checkbox"/> ELECTRONIC PREP./DESIGN			

11. SPECIFICATIONS									
a. QUANTITY REQUIRED	b. NO. OF PAGES SUBMITTED	c. PAPER AND INK							
		COVER				TEXT			
		TYPE AND COLOR	WEIGHT	INK COLOR	TYPE AND COLOR	WEIGHT	INK COLOR		
d. PRINT		e. COMPLETED SIZE		f. MARGINS			g. FOLD TO:	h. ASSEMBLE	
<input type="checkbox"/> ONE SIDE	<input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> 8-1/2 x 11"	<input type="checkbox"/> 17" x 22"	<input type="checkbox"/> FRONT	<input type="checkbox"/> BACK	<input type="checkbox"/> OTHER		<input type="checkbox"/> AS FOLIOED	<input type="checkbox"/> AS PAGED
<input type="checkbox"/> HEAD TO HEAD		<input type="checkbox"/> 8-1/2 x 14"	<input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> TOP	<input type="checkbox"/> LEFT	<input type="checkbox"/> TOP	<input type="checkbox"/> LEFT	<input type="checkbox"/> PER ART	
<input type="checkbox"/> HEAD TO FOOT		<input type="checkbox"/> 11" x 17"						<input type="checkbox"/> PER	

12. BINDERY							13. PACKAGING		
a. TYPE		b. STAPLE(S)	c. PAD	d. PUNCHING			SHRINK WRAP		
<input type="checkbox"/> SADDLE STITCH	<input type="checkbox"/> PLASTIC COMB	<input type="checkbox"/> TOP	NUMBER OF SHEETS PER PAD	<input type="checkbox"/> TOP	<input type="checkbox"/> RIGHT SIDE		<input type="checkbox"/> BAND		
<input type="checkbox"/> SIDE WIRE	<input type="checkbox"/> HOT TAPE	<input type="checkbox"/> LEFT SIDE		<input type="checkbox"/> BOTTOM	<input type="checkbox"/> LEFT SIDE		<input type="checkbox"/> TIE		
<input type="checkbox"/> PERFECT	<input type="checkbox"/> OTHER (Specify)	NO. OF STAPLES		NO. OF HOLES	DIAMETER	C TO C	PACKAGE IN SETS OF		
<input type="checkbox"/> LOOSELEAF									

14. SPECIAL INSTRUCTIONS (If additional space is necessary, attach separate sheets and key answers to Item No(s).)

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a. NO. OF COPIES	b. NAME OF PERSON TO WHOM WORK IS TO BE DELIVERED	c. BUILDING	d. ROOM NO.	E. MAIL OR DISTRIBUTE FROM:		
				<input type="checkbox"/> HANDLIST ATTACHED	<input type="checkbox"/> LABELS ATTACHED	<input type="checkbox"/> OTHER (Specify)
				<input type="checkbox"/> PRINTOUT ATTACHED		
				<input type="checkbox"/> DISK ATTACHED		
				<input type="checkbox"/> MAIL LIST NUMBER/CODE		

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		IN PLANT 01	OUT PROC 12	TOTAL COST	
		\$	\$	\$	

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<input type="checkbox"/> PRINTING/BINDING	<input type="checkbox"/> ELECTRONIC REPRODUCTION			
<input type="checkbox"/> ADDRESS/MAILING	<input type="checkbox"/> GRAPHIC ARTS (Atlanta Only)			
<input type="checkbox"/> DISTRIBUTION	<input type="checkbox"/> OTHER (Specify)			
<input type="checkbox"/> ELECTRONIC PREP./DESIGN				

11. SPECIFICATIONS									
a. QUANTITY REQUIRED		b. NO. OF PAGES SUBMITTED		c. PAPER AND INK					
				COVER			TEXT		
				TYPE AND COLOR	WEIGHT	INK COLOR	TYPE AND COLOR	WEIGHT	INK COLOR
d. PRINT		e. COMPLETED SIZE		f. MARGINS			g. FOLD TO:		h. ASSEMBLE
<input type="checkbox"/> ONE SIDE	<input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> 8-1/2 x 11"	<input type="checkbox"/> 17" x 22"	FRONT		BACK		<input type="checkbox"/> PER ART <input type="checkbox"/> PER	<input type="checkbox"/> AS FOLIOED
<input type="checkbox"/> HEAD TO HEAD		<input type="checkbox"/> 8-1/2 x 14"	<input type="checkbox"/> OTHER (Specify)	TOP	LEFT	TOP	LEFT		<input type="checkbox"/> AS PAGED
<input type="checkbox"/> HEAD TO FOOT		<input type="checkbox"/> 11" x 17"							<input type="checkbox"/> PER DUMMY

12. BINDERY							13. PACKAGING			
a. TYPE			b. STAPLE(S)		c. PAD	d. PUNCHING			SHRINK WRAP	
<input type="checkbox"/> SADDLE STITCH	<input type="checkbox"/> PLASTIC COMB	<input type="checkbox"/> TOP	<input type="checkbox"/> LEFT SIDE		NUMBER OF SHEETS PER PAD	TOP		RIGHT SIDE		<input type="checkbox"/> BAND
<input type="checkbox"/> SIDE WIRE	<input type="checkbox"/> HOT TAPE	<input type="checkbox"/> NO. OF STAPLES		NO. OF HOLES		BOTTOM		LEFT SIDE		<input type="checkbox"/> TIE
<input type="checkbox"/> PERFECT	<input type="checkbox"/> OTHER (Specify)					DIAMETER		C TO C		PACKAGE IN SETS OF
<input type="checkbox"/> LOOSELEAF										

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		DATE
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<input type="checkbox"/> ONE SIDE	OTHER (Specify)	8-1/2 x 11"	17" x 22"	FRONT		BACK		<input type="checkbox"/> PER ART <input type="checkbox"/> PER _____"x_____"	AS FOLIOED
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SADDLE STITCH	PLASTIC COMB	TOP	LEFT SIDE	NUMBER OF SHEETS PER PAD	TOP	RIGHT SIDE	LEFT SIDE	SHRINK WRAP
SIDE WIRE	HOT TAPE	NO. OF STAPLES			BOTTOM			BAND
PERFECT	OTHER (Specify)				NO. OF HOLES	DIAMETER	C TO C	TIE
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d. PRINT		e. COMPLETED SIZE		f. MARGINS			g. FOLD TO: "x"	h. ASSEMBLE		
ONE SIDE	OTHER (Specify)	8-1/2 x 11"	17" x 22"	FRONT		BACK		<input type="checkbox"/> PER ART <input type="checkbox"/> PER	AS FOLIOED	
HEAD TO HEAD		8-1/2 x 14"	OTHER (Specify)	TOP	LEFT	TOP			LEFT	AS PAGED
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a. TYPE			b. STAPLE(S)		c. PAD		d. PUNCHING			SHRINK WRAP
SADDLE STITCH	PLASTIC COMB	TOP	NUMBER OF SHEETS PER PAD		TOP		RIGHT SIDE			BAND
SIDE WIRE	HOT TAPE	LEFT SIDE			BOTTOM		LEFT SIDE			TIE
PERFECT	OTHER (Specify)	NO. OF STAPLES		NO. OF HOLES	DIAMETER	C TO C		PACKAGE IN SETS OF		
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a. TYPE		b. STAPLE(S)		c. PAD	d. PUNCHING			SHRINK WRAP
SADDLE STITCH	PLASTIC COMB	TOP	LEFT SIDE	NUMBER OF SHEETS PER PAD	TOP		RIGHT SIDE	BAND
SIDE WIRE	HOT TAPE				BOTTOM		LEFT SIDE	TIE
PERFECT	OTHER (Specify)	NO. OF STAPLES		NO. OF HOLES	DIAMETER	C TO C	PACKAGE IN SETS OF	
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				PRINTOUT ATTACHED	OTHER (Specify)
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APPROVING OFFICER _____ DATE _____	SIGNATURE _____ DATE _____	APPROVAL _____ (Signature and Date)

## INSTRUCTIONS FOR COMPLETING GSA FORM 50, REQUISITION FOR REPRODUCTION SERVICES

<u>Item</u>	<u>Action</u>												
1., 2., 3a. & 4.	Self-explanatory.												
3b.	Enter the name of the individual who has complete knowledge of all particulars concerning the requisition. In the case of errors, omissions, or questions, this item permits direct contact with responsible person.												
5,	Do not use "ASAP". Enter the date work must be at destination. This date permits more flexibility in assigning priorities to urgent requests.												
6.	The complete appropriation, allotment, and object classification must be shown. Also include in this item the estimated cost of the requested work.												
7.	The Billing Office Address Code ( <i>BOAC</i> ) must be shown. This accounting data must be complete and verified for correctness by the requisitioning office.												
8. & 9.	Self-explanatory.												
10.	Enter a brief but adequate description of the material. This description will aid in locating requisitions when the shop job number is not known.												
11a., 11b. & 11c.	Self-explanatory.												
11d.	<table border="0"> <tr> <td><b>Print one side</b></td> <td>- Self-explanatory.</td> </tr> <tr> <td><b>Print Head to Head</b></td> <td>- The top of the form is in the same position on the front and back sides.</td> </tr> <tr> <td><b>Print Head to Foot</b> the other side.</td> <td>- The top of the form on one side corresponds to the bottom of the form on</td> </tr> </table>	<b>Print one side</b>	- Self-explanatory.	<b>Print Head to Head</b>	- The top of the form is in the same position on the front and back sides.	<b>Print Head to Foot</b> the other side.	- The top of the form on one side corresponds to the bottom of the form on						
<b>Print one side</b>	- Self-explanatory.												
<b>Print Head to Head</b>	- The top of the form is in the same position on the front and back sides.												
<b>Print Head to Foot</b> the other side.	- The top of the form on one side corresponds to the bottom of the form on												
11e.	Self-explanatory.												
11f.	Show in inches, margins on front and back. (i.e., 1/2" top and 1/2" left) If margins are per artworks or sample, check as appropriate.												
11g.	Show in inches, the exact size material to be folded to. (i.e., 8-1/2" x 5-1/2")												
11h.	<table border="0"> <tr> <td><b>As folioed (assembled)</b></td> <td>- Each page is numbered individually.</td> </tr> <tr> <td><b>As paged</b></td> <td>- Assembled by page number on document.</td> </tr> <tr> <td><b>Per dummy</b></td> <td>- Sample is attached to show assembly.</td> </tr> </table>	<b>As folioed (assembled)</b>	- Each page is numbered individually.	<b>As paged</b>	- Assembled by page number on document.	<b>Per dummy</b>	- Sample is attached to show assembly.						
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<b>Per dummy</b>	- Sample is attached to show assembly.												
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12b. & 12c.	Self-explanatory.												
12d.	Indicate the position and number of holes needed. Show in inches, the diameter and distance center to center.												
13.	Self-explanatory.												
14.	Plan the arrangement of special instructions in order to avoid confusion or misinterpretation. When special instructions are length, use appropriate headings to separate specific information.												
15.	Self-explanatory.												
16a.	Signature of approving official to authorize funds.												
16b. & 16c.	GSA Printing Officer or Regional Printing Officer; or Regional Printing and Distribution Branch Chief; or other agency authorized official.												

### IMPORTANT

Copies 1, 2 MUST be submitted with material to be reproduced.  
3 & 4

Copy 5 Send to your Finance Office with requisition number of ACT number.

Copy 6 Retained by ordering office as suspense record.