

# SF 1 PRINTING AND BINDING REQUISITION

To the PUBLIC PRINTER Please furnish the following:

FROM (Department or Government Establishment)	JACKET NO. (Assigned at GPO) <input type="checkbox"/> Red <input type="checkbox"/> Black	REQUISITION NO.
DEPARTMENT OF COMMERCE	(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)	COLOR(S) OF INK
	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. (If reprint)
	TEXT TYPE (Point, Face, Ledged/Solid)	DISPLAY TYPE (Face)		MARGINS (After trim) Picas/inches	Back/Left Top Other	FOL. LIT. FORMS MUST REGISTER TYPEWRITER SPACING
	TYPE PAGE WIDTH (Picas)	No. of Col. Width	TYPE PAGE DEPTH (Include running head but not bottom folio)	ILLUSTRATIONS (Total)	PICK UP FROM: Jacket No.	Req. No. RESTORE TO ORIGINAL JACKET

PRESS AND BINDERY	PRINT ONE SIDE ONLY	HEAD TO HEAD	HEAD TO FOOT	OTHER	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	X		FOLD TO (Inches)	X		SIZE TRIMMED PAGE (Inches) BOOKS/PAMPHLETS	X		PAGES	FOLDINS/INSERTS PAPER COVERS (Self) (Separate)
	WIRE STITCH (Side) (Saddle) (No.)	PASTE ON FOLD	LOOSE-LEAF	ADHESIVE BOUND	SEW	CASE BOUND (Material and Color)	STAMP TITLE (Bindery) Cover Spine		Gold	Im. Gold	Ink (color)
	PAD/SETS (Gum) (Stitch) (Pos.)	(Sheets in Pad)	(Sets in Pad)	(Sheets in Set)	PUNCH/DRILL (Shape)	(No. of holes) (Diam.)	(Inches Center to Center)	(Pos.)	ROUND CORNERS (No.) (Position)		
	GATHER (Explain)					CARBON INTERLEAVE	INDEX (Cut) (Tab) (Bleed)	LIP DIVIDERS (Height of Lip)		(Width of cut 1/5 etc.) (Pos.)	

PROOFS AND DELIVERY	REQUESTED PROOF DATE	PROOF SETS (Galley) (Page)	DEPT. HOLD (Workdays) (Galley) (Pages)	PROOFS TO		
	REQUESTED DELIVERY DATE	KRAFT WRAP	SHRINK FILM	BAND IN SETS	SUITABLE	OTHER PACKAGING (Specify)
	DELIVER TO					QUANTITY IN PACKAGE

ADDITIONAL INFORMATION	BUREAU PERSON TO CONTACT		PHONE NUMBER
	BUREAU COST ESTIMATE(S)		REVISED
	COMPOSITION	\$	\$
	DESIGN & GRAPHICS		
	PRINTING		
	TOTAL(S)		
	BUREAU APPROVAL	OAQ INITIAL/DATE	NAME
	MAIL LIST SYMBOL	SERVICES REQUESTED: <input type="checkbox"/> COMPOSITION <input type="checkbox"/> DESIGN & GRAPHICS <input type="checkbox"/> PRINTING	SALES RECOMMENDED TO SUPDOCS <input type="checkbox"/> YES
	CONTRACTED TO	INCOMING REQ. DESK	
		DATE INITIALS	

FOR ADDITIONAL INFORMATION CONTACT (Name and Telephone Number)

BILLING ADDRESS (if BAC has not been assigned)