

# PRINT ORDER FOR marginally PUNCHED CONTINUOUS FORMS

GPO FORM 1026A  
(Rev. 3/99) P. 57371-0

You are hereby authorized to manufacture and ship the following described product in accordance with the purchase and specifications indicated.

PROGRAM	PRINT ORDER NO.	JACKET NO.	OBJECT CLASS	ESTIMATED COST	DATE
DEPARTMENT	REQUISITION NO.	BAC	TITLE		FORM NO.
CONTRACTOR			PURCHASE ORDER	STATE CODE	CONTRACTOR'S CODE

**FURNISHED MATERIAL**

Negatives    Camera Copy    Reprint Copy     Revised Copy    Sample

QUANTITY (SETS plus/minus per contract)

**STOCK FORM**     Blank     3 Lines/inch     1/2" tint bar    **CUSTOM FORM**    **SIZE (Overall):** Width \_\_\_\_\_ Inches; Depth \_\_\_\_\_ inches

**Equipment and Usage:**    Printer \_\_\_\_\_

Must meet Laser Forms Requirements    Burster/Decollater \_\_\_\_\_

PART NO.	PAPER TO BE FURNISHED BY CONTRACTOR BASIS 500 SHEETS 17 x 22"			TYPE OF CHANGE		INK COLOR (Pantone Number)			PRINTS HEAD TO
	COLOR	KIND	SUB. NO. (LATITUDE)	FACE	BACK	FACE	BACK	OVERPRINT	
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									

Copy Designations:     Black Ink    Red Ink    Warning Signal    Extended Warranty

**MARGINS (Inches)**

Follow sample/copy Inadequate lockup	Face	Head	Foot	Left	Right
	Back				

**PROOF REQUIRED**    Send proofs and copy to - \_\_\_\_\_ Sets

will be withheld not more than \_\_\_\_\_ workdays, from receipt by Government to receipt in contractor's plant. Contractor must not print prior to receipt of an "OK to print."

**INTERLEAVING CARBONS**

Narrow unpunched, carbon short \_\_\_\_\_ " on left \_\_\_\_\_ " on right

**PACKING**    Pack \_\_\_\_\_ sets per shipping container.

**CONTAINERS - LEVEL B C**

One break per container (splices not acceptable)

Unbroken strips (splices acceptable)

Unbroken strips (splices not acceptable)

Bar Coding

Pallets - type A B

**JOINING**    Join sets in the \_\_\_\_\_ margins by

None Required    Crimp    Line glue

Flexible Stub     Skip glue

**SCHEDULE**

Copy will be furnished by \_\_\_\_\_

All sets must be received at destination(s) on or before \_\_\_\_\_

**PARTIAL DELIVERY SCHEDULE:**

\_\_\_\_\_ sets by \_\_\_\_\_

\_\_\_\_\_ sets by \_\_\_\_\_

\_\_\_\_\_ sets by \_\_\_\_\_

\_\_\_\_\_ balance by \_\_\_\_\_

**PERFORATION**

**MARGINAL** \_\_\_\_\_ " from left side \_\_\_\_\_ " from right side

**TEARLINE** Horizontal tearline every \_\_\_\_\_ "

**ADDITIONAL** \_\_\_\_\_

Clean edge perforations

**FILE PUNCHING**

Number	Diam.	Inches C. to C.	Location - To Center of Hole

Center holes in \_\_\_\_\_ dimension(s)

**ADDITIONAL INSTRUCTIONS**

**SHIP TO**

See attached distribution list

FOR INFORMATION CONCERNING THESE SPECIFICATIONS CALL \_\_\_\_\_

Date contractor notified of award \_\_\_\_\_ By \_\_\_\_\_  
Departmental Authority (Signature and Title)