

# 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.
<b>PAPER STOCK AND INK</b>	<b>Text</b>	FIRST CHOICE (Grade, color, and basis weight)	SECOND CHOICE (If any)
	<b>Cover</b>		
	OTHER (Specify)		
<b>COMPOSITION</b>	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
HOLD REPRODUCIBLES (Specify) (Negs, type, mag tape)		Weeks	
<b>PRESS AND BINDERY</b>	PRINT One Side Only	Head to Head	Head to Foot
	Other	COVER PRINTS 1 2 3 4	
	EMBLOSS (Print or Bindery)	RULING (Print or Bindery)	
	PERFORATE SCORE	Position	
	NUMBER (Inclusive)	Color of ink	
SIZE FLAT (inches) FORMS, SETS, PADS		FOLD TO (Inches)	SIZE TRIMMED PAGE (Inches) BOOKS/PAMPHLETS
PAGES		FOLDINS / INSERTS	PAPER COVERS (Self) (Separate)
WIRE STITCH (Side) (Saddle) (No.)	PASTE ON FOLD	LOOSELEAF	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)
GATHER (Explain)		CARBON INTERLEAVE	INDEX (Cut) (Tab) (Bleed)
LIP DIVIDERS (Height of Lip)		(Width of cut 1/5 etc.) (Pos.)	
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	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)