

MATERIAL FURNISHED

JOB TITLE				JOB CONTROL NUMBER	
<input type="checkbox"/> CAMERA COPY _____ <input type="checkbox"/> MANUSCRIPT _____ <input type="checkbox"/> NEGATIVES _____				<input type="checkbox"/> MAILING LABELS _____ <input type="checkbox"/> PHOTOGRAPH _____ <input type="checkbox"/> SLIDES _____	
<input type="checkbox"/> DISKETTE (Complete GPO Form 952) _____ <input type="checkbox"/> OTHER _____				REPRINT <input type="checkbox"/> YES <input type="checkbox"/> NO	
FORM OR PUB NO.					

SERVICES REQUESTED

<input type="checkbox"/> PLANNING CONFERENCE REQUESTED		<input type="checkbox"/> PHOTOGRAPHY		<input type="checkbox"/> COPY CENTER _____		DATE IN	DATE DUE
<input type="checkbox"/> GRAPHICS		<input type="checkbox"/> PRINTING		<input type="checkbox"/> DISTRIBUTION _____			

GRAPHICS/PHOTOGRAPHY

<input type="checkbox"/> VUGRAPHS _____ Each Total _____		<input type="checkbox"/> B&W COPY Total _____		<input type="checkbox"/> ILLUSTRATION <input type="checkbox"/> BROCHURE/FLYER <input type="checkbox"/> MASTHEAD/STATIONERY <input type="checkbox"/> EXHIBITS (Specify Below)		<input type="checkbox"/> COVER <input type="checkbox"/> LINE ART <input type="checkbox"/> FORMS <input type="checkbox"/> OTHER (Specify Below)		<input type="checkbox"/> PROOF By _____ Date _____	
<input type="checkbox"/> 35 MM SLIDES _____ Each Total _____		<input type="checkbox"/> COLOR COPY Total _____							
<input type="checkbox"/> CERTIFICATES Total _____		<input type="checkbox"/> MOUNT <input type="checkbox"/> LAMINATE <input type="checkbox"/> POSTER/CHART Total _____ Size _____ X _____		<input type="checkbox"/> PHOTOGRAPHER (Notes: Date/Time/Location Below) <input type="checkbox"/> PASSPORTS <input type="checkbox"/> B&W <input type="checkbox"/> COLOR <input type="checkbox"/> FILM PROCESS <input type="checkbox"/> PORTRAIT <input type="checkbox"/> PHOTOSTATS <input type="checkbox"/> OTHER (Specify Below) PRINT SIZE _____ X _____		GOVERNMENT ESTIMATE		WINNING BID	
<input type="checkbox"/> NAME TENTS Total _____						COST		COST	
<input type="checkbox"/> NAME TAGS Total _____						INITIAL/DATE		CODE	

PRINTING/COPYING

PAGES OF COPY		QUANTITY		PUNCHING		TEXT		BINDING	
		NO. OF HOLES	SIZE OF HOLES	SPACING		INK	PAPER	<input type="checkbox"/> COLLATE* <input type="checkbox"/> TAPE* <input type="checkbox"/> STAPLE* <input type="checkbox"/> PADDING <input type="checkbox"/> PERFECT BOUND <input type="checkbox"/> SADDLE STITCH <input type="checkbox"/> COMB BINDING*	
PRINT		TRIM SIZE		FOLD TO		COVER <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		*Inhouse Binding Capability	
<input type="checkbox"/> ONE SIDE ONLY <input type="checkbox"/> HEAD TO HEAD <input type="checkbox"/> HEAD TO FOOT						INK	PAPER		

DISTRIBUTION/MAILING

DIST. CONTROL NO.		<input type="checkbox"/> SINGLE MAILING <input type="checkbox"/> MULTIPLE MAILING <input type="checkbox"/> SINGLE/MULTIPLE MAILING		LABEL SOURCE <input type="checkbox"/> FURNISHED LABELS <input type="checkbox"/> CHESIRE <input type="checkbox"/> PRESSURE SENSITIVE <input type="checkbox"/> INK JET <input type="checkbox"/> DDS-MAILING LIST NO. _____ <input type="checkbox"/> OTHERS			POSTAGE CLASSIFICATION <input type="checkbox"/> PRIORITY <input type="checkbox"/> FIRST CLASS <input type="checkbox"/> SPECIAL FOURTH CLASS <input type="checkbox"/> BOOK RATE <input type="checkbox"/> OTHER _____		
CONTRACTOR'S NAME									

SUPPLEMENTARY INSTRUCTIONS

Operation	Date Rec'd	Date Due	Date Completed						
Copying									
Graphics									
Printing									
Distribution									
TOTAL COST OF DUPLICATING									
DOE Badge No.:									

INITIALS					LOGGED IN BY				
<input type="checkbox"/> THIS ITEM IS A SCIENTIFIC/TECHNICAL DOCUMENT APPROVED BY PA-1									
DOE REQUESTOR (Sign)				RECEIVED BY			DATE		
DOE REQUESTOR (Print)				ROUTING SYMBOL	ROOM NO.	PHONE NO.	ASSIGNED	FY	JOB CONTROL NO.

INSTRUCTIONS

Customer information The requestor, whose signature appears on the reverse side of this form, certifies that:

- He/she is an employee of the Department of Energy. (Contract Personnel do not have signatory authority).
- This project represents official Government Business necessary to carry out an official assignment.
- Work requested is not copyrighted, or if it is copyrighted, a release has been secured and is attached.
- The maximum lead time has been allowed to minimize cost and guarantee quality.

Any document which is classified as a public communication publication, as prescribed within DOE 1340.1B, must be accompanied by a completed and approved DOE F 1340.3, "Request for Public Communications Publication Approval."

Classified Material If this project involves classified data, a detailed transmittal of classified material must be submitted, before work can be accepted.

Classified material can only be submitted through authorized Branch personnel who hold security clearances.

Classified Material Returned to: *(Signature)*

Date: