

REQUEST FOR PRINTING AND BINDING
(REFER TO DEPARTMENT REQUISITION NUMBER WHEN INQUIRING ABOUT WORK)

AGENCY	AGENCY NO.	APPROPRIATION CHARGEABLE	DATE
TITLE OF FORM OR PUBLICATION		<input type="checkbox"/> NEW <input type="checkbox"/> REPRINT	<input type="checkbox"/> MAJOR REVISION <input type="checkbox"/> SLIGHT REVISION

QUANTITY (UNITS OF FINISHED PRODUCT)	FINISHED PRODUCT (CHECK ONE)
	<input type="checkbox"/> BOOKS OR PAMPHLETS <input type="checkbox"/> BLANK FORMS <input type="checkbox"/> SETS <input type="checkbox"/> NCR <input type="checkbox"/> CARBON INTERLEAVED <input type="checkbox"/> PADS OR TABLETS <input type="checkbox"/> OTHER (SPECIFY)

PAPER STOCK AND INK	TEXT	PAPER (GRADE, COLOR, WEIGHT)	INK (INDICATE PMS INK NUMBER)	ADDITIONAL INFO
	COVER			ADDITIONAL INFO
	OTHER (SPECIFY)			ADDITIONAL INFO

MATERIALS FURNISHED	(REPRINT COPY)		(CAMERA COPY)	(NEGATIVES)	(MANUSCRIPT)	(MAGNETIC TAPE)	STORE REPRODUCIBLES	PREVIOUS REQ (IF REPRINT)
	<input type="checkbox"/> DIRECT DRIVE <input type="checkbox"/> OTHER						YEARS	

PRINTING/BINDING SPECIFICATIONS	ILLUSTRATIONS: (LINE) (HALFTONE) (COMBINATION) (4 COLOR PROCESS) DUOTONES MARGINS (After Trim) Picas/Inches										
	PRINT ONE SIDE ONLY	HEAD TO HEAD	HEAD TO FOOT	OTHER	COVER PRINTS 1 2 3 4	EMBOSS	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)	(Number)	PASTE ON FOLD	LOOSELEAF	PERFECT BIND	SEW	CASE BOUND (Material and Color)	STAMP TITLE (BINDERY) COVER SPINE GOLD IM GOLD INK (Color)			
PADS/SETS (Gum)	(Stitch)	(Pos)	(Sheets in Pad)	(Sets in Pads)	(Sheets in Sets)	DRILL/ PUNCH (Shape)	(No. of holes)	(DIAM)	(Inches Center to Center)	(Pos.)	ROUND CORNERS (No.) (Position)

GATHER (EXPLAIN)	CARBON INTERLEAVE <input type="checkbox"/> Blue <input type="checkbox"/> Dual Purpose <input type="checkbox"/> Black <input type="checkbox"/> One-Time		INDEX (Cut) (Tab) (Bleed)	<input type="checkbox"/> LIP DIVIDERS	<input type="checkbox"/> TYPEWRITER SPACING	<input type="checkbox"/> FORMS MUST REGISTER
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PROOFS	<input type="checkbox"/> YES <input type="checkbox"/> NO	PROOF SETS (Galley) (Page)	AGENCY HOLD (Workdays) (Galley) (Pages)	PROOFS TO: (NAME AND ROOM NO.)
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REQUESTED SHIP DATE	KRAFT WRAP	SHRINK FILM	BAND IN SETS	SUITABLE	OTHER PACKING (Specify)	QUANTITY IN PACKAGE	PACK IN CARTONS
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DELIVER TO:							<input type="checkbox"/> COMPLETE ADDRESS FURNISHED FOR INSIDE DELIVERY <input type="checkbox"/> DO NOT SHIP U.S. POSTAL SERVICE (NO P.O. BOX NOS.)
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* CERTIFICATIONS	<input type="checkbox"/> I CERTIFY THAT THIS REQUEST IS FOR ADMINISTRATIVE PRINTING WHICH IS INTENDED FOR DISTRIBUTION ONLY TO USDA PERSONNEL AND TO FORMAL COOPERATORS WHO NEED THE INFORMATION TO CARRY OUT OFFICIAL RESPONSIBILITIES WITH THE AGENCY.		<input type="checkbox"/> OVERTIME IS AUTHORIZED TO MEET DELIVERY SCHEDULE (FURNISH JUSTIFICATION)	
	SIGNATURE _____ DATE _____ (ADMINISTRATIVE PUBLICATIONS CONTROL OFFICER)		SIGNATURE _____ DATE _____	
	<input type="checkbox"/> I CERTIFY THAT PUBLICATION OF THE MANUSCRIPT IN THE QUANTITY AND FORM REQUESTED IS ESSENTIAL TO THE OFFICIAL BUSINESS OF THE U.S. DEPT. OF AGRICULTURE AND THAT IT HAS BEEN PREPARED TO MEET EXACTING STANDARDS OF ECONOMY AND EFFECTIVENESS CONSISTANT WITH TITLE 3, USDA ADMINISTRATIVE REGULATIONS AND OMB BULLETIN NO. 81-16. IF A REPRINT, I CERTIFY TEXT, REFERENCES, AND ILLUSTRATIONS ARE UP TO DATE.		AGENCY CONTACT (NAME AND TELEPHONE NUMBER) _____ QUALITY LEVEL: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V (CHECK APPROPRIATE BOX OR BOXES)	

I CERTIFY THAT THE WORK IS AUTHORIZED BY LAW AND NECESSARY TO THE CONDUCT OF BUSINESS OF THE ABOVE MENTIONED AGENCY.	SIGNATURE _____ TITLE _____
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DEPT. REQ. NO. () JACKET NO. PROGRAM NO. P.O. NO. PROOF DATE ESTIMATE SHIP DATE	ADDITIONAL INSTRUCTIONS
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