

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.
PAPER STOCK AND INK	Text	FIRST CHOICE (Grade, color, and basis weight)	SECOND CHOICE (If any)
	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 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	
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)	Color of ink
	TO		
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)
ROUND CORNERS (No.) (Position)			
GATHER (Explain)	CARBON INTERLEAVE	INDEX (Cut)	(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)	
QUANTITY IN PACKAGE		PACK IN CARTONS	B/L FURNISHED
DELIVER TO			

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)