PRINT ORDER FOR
MARGINALLY PUNCHED CONTINUOUS FORMS

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

Department	Req. No.	Date	Purchase Order No.	Print Order No.

Contractor	Jacket No.	Estimated Cost	Ship/Del. Date

Title/Form No.	Object Class	State Code	Contr's. Code	Program No.

GOVERNMENT WILL FURNISH — f.o.b. contractor's plant ☐

☐ Manuscript copy   ☐ Reprint copy   ☐ Will be furnished by _____ ,19____

Appropriation Chargeable	Billing Address Code (BAC)

☐ Custom Form   ☐ Stock Form

Description _____

QUANTITY _____ sets + Per Contract   **SIZE** (overall): Width _____ inches; Depth _____ inches

Equipment and Usage: Printer _____   Burster _____
   Decollator _____

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

☐ **Warning**   ☐ **Copy designations print in** _____ ink.

MARGINS (Inches)

	Head	Foot	Left	Right
Face				
Back				

☐ Follow sample/copy

JOINING — Sets are to be joined in the ☐ Left ☐ Right margin(s) by

☐ Crimp   ☐ Firm glue   ☐ Combination joining

☐ Fugitive glue   ☐ Flexible stub   ☐ None required

INTERLEAVING CARBONS — ☐ Black ☐ Blue ☐ None

☐ Narrow unpunched   ☐ Marginally punched unprocessed

Coverage: ☐ Full   ☐ Carbon short _____" on left _____" on right

PERFORATION — MARGINAL _____" from ☐ Left side _____"
from ☐ Right side ☐ Parts and carbons ☐ Parts only ☐ None
☐ Clean edge

PERFORATION – TEARLINE. Horizontal tearline every _____"
☐ Clean edge

NUMBERING — Number from _____

FILE PUNCHING   ☐ Parts only   ☐ Parts and carbons

Number	Round	Diam.	Inches C. to C.	Location —To Center of Hole

Center holes in _____ dimension(s)

PACKING — Pack _____ per shipping container.

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)

PROOF REQUIRED

☐ NO   ☐ YES _____ sets   Send proofs and copy to ___
will be withheld not more than _____ working days, from receipt by Government to receipt in contractor's plant. Contractor must not print prior to receipt of an "OK to print."

ADDITIONAL INSTRUCTIONS — _____

SHIP TO _____
_____
_____
_____
_____

☐ See attached Distribution List

FOR INFORMATION CONCERNING THESE SPECIFICATIONS CALL _____

Date sent to contractor _____   By _____

Departmental Authority (Signature and Title)

PART 1 CONTRACTOR

USAPPC V2.00

PRINT ORDER FOR
MARGINALLY PUNCHED CONTINUOUS FORMS

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

Department	Req. No.	Date	Purchase Order No.	Print Order No.

Contractor	Jacket No.	Estimated Cost	Ship/Del. Date

Title/Form No.	Object Class	State Code	Contr's. Code	Program No.

GOVERNMENT WILL FURNISH — f.o.b. contractor's plant ☐

☐ Manuscript copy ☐ Reprint copy ☐ Will be furnished by _____ ,19

Appropriation Chargeable	Billing Address Code (BAC)

☐ Custom Form   ☐ Stock Form

Description _____

QUANTITY _____ sets ± Per Contract   **SIZE** (overall): Width _____ inches; Depth _____ inches

Equipment Printer _____   Burster _____
and Usage: Decollator _____

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

☐ **Warning**   ☐ **Copy designations print in** _____ ink.

MARGINS (Inches)

	Head	Foot	Left	Right
Face				
Back				

☐ Follow sample/copy

JOINING — Sets are to be joined in the ☐ Left ☐ Right margin(s) by

☐ Crimp   ☐ Firm glue   ☐ Combination joining
☐ Fugitive glue ☐ Flexible stub ☐ None required

INTERLEAVING CARBONS — ☐ Black ☐ Blue ☐ None

☐ Narrow unpunched   ☐ Marginally punched unprocessed

Coverage: ☐ Full ☐ Carbon short _____" on left _____" on right

PERFORATION — MARGINAL _____" from ☐ Left side _____"

from ☐ Right side ☐ Parts and carbons ☐ Parts only ☐ None

☐ Clean edge

PERFORATION – TEARLINE. Horizontal tearline every _____"

☐ Clean edge

NUMBERING — Number from _____

FILE PUNCHING   ☐ Parts only   ☐ Parts and carbons

Number	Round	Diam.	Inches C. to C.	Location —To Center of Hole

Center holes in _____ dimension(s)

PACKING — Pack _____ per shipping container.

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)

PROOF REQUIRED

☐ NO ☐ YES _____ sets   Send proofs and copy to —

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

ADDITIONAL INSTRUCTIONS — _____

SHIP TO _____

☐ See attached Distribution List

FOR INFORMATION CONCERNING THESE SPECIFICATIONS CALL _____

GPO FORM 1026A
(R 11-86) P.57371-0

Date sent to contractor _____ By _____

Departmental Authority (Signature and Title)

PART 2 CONTRACTOR (BILLING COPY) SEE REVERSE

USAPPC V2.00

PRINT ORDER FOR
MARGINALLY PUNCHED CONTINUOUS FORMS

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

Department	Req. No.	Date	Purchase Order No.	Print Order No.

Contractor	Jacket No.	Estimated Cost	Ship/Del. Date

Title/Form No.	Object Class	State Code	Contr's. Code	Program No.

GOVERNMENT WILL FURNISH — f.o.b. contractor's plant ☐

☐ Manuscript copy ☐ Reprint copy ☐ Will be furnished by _____ ,19

Appropriation Chargeable	Billing Address Code (BAC)

☐ Custom Form ☐ Stock Form

Description _____

QUANTITY _____ sets ± Per Contract   **SIZE** (overall): Width _____ inches; Depth _____ inches

Equipment and Usage: Printer _____   Burster _____

Decollator _____

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

☐ **Warning**   ☐ **Copy designations print in** _____ ink.

MARGINS (Inches)

	Head	Foot	Left	Right
Face				
Back				

☐ Follow sample/copy

JOINING — Sets are to be joined in the ☐ Left ☐ Right margin(s) by

☐ Crimp ☐ Firm glue ☐ Combination joining
☐ Fugitive glue ☐ Flexible stub ☐ None required

INTERLEAVING CARBONS — ☐ Black ☐ Blue ☐ None

☐ Narrow unpunched   ☐ Marginally punched unprocessed

Coverage: ☐ Full ☐ Carbon short _____" on left _____" on right

PERFORATION — MARGINAL _____" from ☐ Left side _____"
from ☐ Right side ☐ Parts and carbons ☐ Parts only ☐ None
☐ Clean edge

PERFORATION – TEARLINE. Horizontal tearline every _____"
☐ Clean edge

NUMBERING — Number from _____

FILE PUNCHING ☐ Parts only ☐ Parts and carbons

Number	Round	Diam.	Inches C. to C.	Location —To Center of Hole

Center holes in _____ dimension(s)

PACKING — Pack _____ per shipping container.

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)

PROOF REQUIRED

☐ NO ☐ YES _____ sets   Send proofs and copy to _____ —

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

ADDITIONAL INSTRUCTIONS — _____

SHIP TO

_____

_____

_____

_____

_____

☐ See attached Distribution List

FOR INFORMATION CONCERNING THESE SPECIFICATIONS CALL _____

GPO FORM 1026A
(R 11-86) P.57371-0

Date sent to contractor _____   By _____

Departmental Authority (Signature and Title)

PART 3 GPO FILE COPY

USAPPC V2.00

PRINT ORDER FOR
MARGINALLY PUNCHED CONTINUOUS FORMS

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

Department	Req. No.	Date	Purchase Order No.	Print Order No.

Contractor	Jacket No.	Estimated Cost	Ship/Del. Date

Title/Form No.	Object Class	State Code	Contr's. Code	Program No.

GOVERNMENT WILL FURNISH — f.o.b. contractor's plant ☐

☐ Manuscript copy ☐ Reprint copy ☐ Will be furnished by _____ ,19

Appropriation Chargeable	Billing Address Code (BAC)

☐ Custom Form ☐ Stock Form

Description _____

QUANTITY _____ sets ± Per Contract **SIZE** (overall): Width _____ inches; Depth _____ inches

Equipment and Usage: Printer _____ Burster _____ Decollator _____

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

☐ **Warning** ☐ **Copy designations print in** _____ **ink.**

MARGINS (Inches)

☐ Follow sample/copy

	Head	Foot	Left	Right
Face				
Back				

JOINING — Sets are to be joined in the ☐ Left ☐ Right margin(s) by

☐ Crimp ☐ Firm glue ☐ Combination joining
☐ Fugitive glue ☐ Flexible stub ☐ None required

INTERLEAVING CARBONS — ☐ Black ☐ Blue ☐ None

☐ Narrow unpunched ☐ Marginally punched unprocessed

Coverage: ☐ Full ☐ Carbon short _____" on left _____" on right

PERFORATION — MARGINAL _____" from ☐ Left side _____"
from ☐ Right side ☐ Parts and carbons ☐ Parts only ☐ None
☐ Clean edge

PERFORATION – TEARLINE. Horizontal tearline every _____"
☐ Clean edge

NUMBERING — Number from _____

FILE PUNCHING ☐ Parts only ☐ Parts and carbons

Number	Round	Diam.	Inches C. to C.	Location —To Center of Hole

Center holes in _____ dimension(s)

PACKING — Pack _____ per shipping container.

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)

PROOF REQUIRED

☐ NO ☐ YES _____ sets Send proofs and copy to —

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

ADDITIONAL INSTRUCTIONS — _____

SHIP TO _____

☐ See attached Distribution List

FOR INFORMATION CONCERNING THESE SPECIFICATIONS CALL _____

GPO FORM 1026A
(R 11-86) P.57371-0

Date sent to contractor _____ By _____

Departmental Authority (Signature and Title)

PART 4 GPO FMC

USAPPC V2.00

PRINT ORDER FOR
MARGINALLY PUNCHED CONTINUOUS FORMS

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

Department	Req. No.	Date	Purchase Order No.	Print Order No.

Contractor	Jacket No.	Estimated Cost	Ship/Del. Date

Title/Form No.	Object Class	State Code	Contr's. Code	Program No.

GOVERNMENT WILL FURNISH — f.o.b. contractor's plant ☐

☐ Manuscript copy   ☐ Reprint copy   ☐ Will be furnished by _____ ,19

Appropriation Chargeable	Billing Address Code (BAC)

☐ Custom Form   ☐ Stock Form

Description _____

QUANTITY _____ sets ± Per Contract   **SIZE** (overall): Width _____ inches; Depth _____ inches

Equipment Printer _____   Burster _____
and Usage: Decollator _____

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

☐ **Warning**   ☐ **Copy designations print in** _____ ink.

MARGINS (Inches)

	Head	Foot	Left	Right
Face				
Back				

☐ Follow sample/copy

JOINING — Sets are to be joined in the ☐ Left   ☐ Right margin(s) by

☐ Crimp   ☐ Firm glue   ☐ Combination joining
☐ Fugitive glue ☐ Flexible stub ☐ None required

INTERLEAVING CARBONS — ☐ Black   ☐ Blue   ☐ None

☐ Narrow unpunched   ☐ Marginally punched unprocessed

Coverage: ☐ Full   ☐ Carbon short _____" on left _____" on right

PERFORATION — MARGINAL _____" from ☐ Left side _____"
from ☐ Right side ☐ Parts and carbons ☐ Parts only ☐ None
☐ Clean edge

PERFORATION — TEARLINE. Horizontal tearline every _____"
☐ Clean edge

NUMBERING — Number from _____

FILE PUNCHING   ☐ Parts only   ☐ Parts and carbons

Number	Round	Diam.	Inches C. to C.	Location — To Center of Hole

Center holes in _____ dimension(s)

PACKING — Pack _____ per shipping container.

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)

PROOF REQUIRED

☐ NO   ☐ YES _____ sets   Send proofs and copy to   —
will be withheld not more than _____ working days, from receipt by Government to receipt in contractor's plant. Contractor must not print prior to receipt of an "OK to print."

ADDITIONAL INSTRUCTIONS — _____

SHIP TO

_____
_____
_____
_____
_____

☐ See attached Distribution List

FOR INFORMATION CONCERNING THESE SPECIFICATIONS CALL _____

GPO FORM 1026A
(R 11-86) P.57371-0

Date sent to contractor _____ By _____

Departmental Authority (Signature and Title)

PART 5 GPO CONTRACT COMPLIANCE

USAPPC V2.00

PRINT ORDER FOR
MARGINALLY PUNCHED CONTINUOUS FORMS

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

Department	Req. No.	Date	Purchase Order No.	Print Order No.

Contractor	Jacket No.	Estimated Cost	Ship/Del. Date

Title/Form No.	Object Class	State Code	Contr's. Code	Program No.

GOVERNMENT WILL FURNISH — f.o.b. contractor's plant ☐

☐ Manuscript copy ☐ Reprint copy ☐ Will be furnished by _____ ,19

Appropriation Chargeable	Billing Address Code (BAC)

☐ Custom Form   ☐ Stock Form

Description _____

QUANTITY _____ sets ± Per Contract   **SIZE** (overall): Width _____ inches; Depth _____ inches

Equipment and Usage: Printer _____   Burster _____

Decollator _____

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

☐ **Warning**   ☐ **Copy designations print in** _____ **ink.**

MARGINS (Inches)

	Head	Foot	Left	Right
Face				
Back				

☐ Follow sample/copy

INTERLEAVING CARBONS — ☐ Black ☐ Blue ☐ None

☐ Narrow unpunched   ☐ Marginally punched unprocessed

Coverage: ☐ Full ☐ Carbon short _____ " on left _____ " on right

JOINING — Sets are to be joined in the ☐ Left ☐ Right margin(s) by

☐ Crimp   ☐ Firm glue   ☐ Combination joining
☐ Fugitive glue ☐ Flexible stub   ☐ None required

PERFORATION — MARGINAL _____ " from ☐ Left side _____ "
from ☐ Right side ☐ Parts and carbons ☐ Parts only ☐ None
☐ Clean edge

PERFORATION — TEARLINE. Horizontal tearline every _____ "
☐ Clean edge

NUMBERING — Number from _____

FILE PUNCHING   ☐ Parts only   ☐ Parts and carbons

Number	Round	Diam.	Inches C. to C.	Location — To Center of Hole

Center holes in _____ dimension(s)

PACKING — Pack _____ per shipping container.

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)

PROOF REQUIRED

☐ NO ☐ YES _____ sets   Send proofs and copy to _____ —
will be withheld not more than _____ working days, from receipt by Government to receipt in contractor's plant. Contractor must not print prior to receipt of an "OK to print."

ADDITIONAL INSTRUCTIONS — _____

SHIP TO

☐ See attached Distribution List

FOR INFORMATION CONCERNING THESE SPECIFICATIONS CALL _____

GPO FORM 1026A
(R 11-86) P.57371-0

Date sent to contractor _____   By _____

Departmental Authority (Signature and Title)

PART 6 DEPARTMENT

USAPPC V2.00

PRINT ORDER FOR
MARGINALLY PUNCHED CONTINUOUS FORMS

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

Department	Req. No.	Date	Purchase Order No.	Print Order No.

Contractor	Jacket No.	Estimated Cost	Ship/Del. Date

Title/Form No.	Object Class	State Code	Contr's. Code	Program No.

GOVERNMENT WILL FURNISH — f.o.b. contractor's plant ☐

☐ Manuscript copy ☐ Reprint copy ☐ Will be furnished by _____ ,19

Appropriation Chargeable	Billing Address Code (BAC)

☐ Custom Form   ☐ Stock Form

Description _____

QUANTITY _____ sets ± Per Contract   SIZE (overall): Width _____ inches; Depth _____ inches

Equipment and Usage: Printer _____   Burster _____   Decollator _____

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

☐ **Warning**   ☐ **Copy designations print in** _____ ink.

MARGINS (Inches) ☐ Follow sample/copy

	Head	Foot	Left	Right
Face				
Back				

JOINING — Sets are to be joined in the ☐ Left ☐ Right margin(s) by

☐ Crimp   ☐ Firm glue   ☐ Combination joining
☐ Fugitive glue   ☐ Flexible stub   ☐ None required

INTERLEAVING CARBONS — ☐ Black ☐ Blue ☐ None

☐ Narrow unpunched   ☐ Marginally punched unprocessed

Coverage: ☐ Full ☐ Carbon short _____" on left _____" on right

PERFORATION — MARGINAL _____" from ☐ Left side _____"
from ☐ Right side ☐ Parts and carbons ☐ Parts only ☐ None
☐ Clean edge

PERFORATION — TEARLINE. Horizontal tearline every _____"
☐ Clean edge

NUMBERING — Number from _____

FILE PUNCHING   ☐ Parts only   ☐ Parts and carbons

Number	Round	Diam.	Inches C. to C.	Location —To Center of Hole

Center holes in _____ dimension(s)

PACKING — Pack _____ per shipping container.

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)

PROOF REQUIRED

☐ NO ☐ YES _____ sets   Send proofs and copy to —
will be withheld not more than _____ working days, from receipt by Government to receipt in contractor's plant. Contractor must not print prior to receipt of an "OK to print."

ADDITIONAL INSTRUCTIONS — _____

SHIP TO

_____
_____
_____
_____

☐ See attached Distribution List

FOR INFORMATION CONCERNING THESE SPECIFICATIONS CALL _____

Date sent to contractor _____   By _____

Departmental Authority (Signature and Title)

PART 7 DEPARTMENT

USAPPC V2.00