



Simplified Purchase Agreement Work Order Form 4044

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

* Required Fields

QUOTES DUE BY _____

DEPARTMENT OR GOVERNMENT ESTABLISHMENT	REQ. NO. *	JACKET NO. *	SPA NO. *	WORK ORDER NO. *
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CLASSIFICATION * Classified <input type="checkbox"/> Yes <input type="checkbox"/> No SBU <input type="checkbox"/> Yes <input type="checkbox"/> No PII <input type="checkbox"/> Yes <input type="checkbox"/> No	PUBLICATION TITLE	DATE PREPARED	OBJECT CLASS
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CONTRACTOR	PURCHASE ORDER NO. *	STATE CODE *	CONTRACTOR'S CODE *	SHIP/DELIVERY DATE
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NOT FOR CONTRACTOR	BILLING ADDRESS CODE (BAC) *	AGENCY LOCATION CODE (ALC)	APPROPRIATION CHARGEABLE/OBLIGATION NO.	
	<input type="checkbox"/> Pay by Purchase Card	PURCHASE CARD NO. (Info to Appear on GPO Copy Only)		EXP. DATE
	PHONE NO. OF CARDHOLDER		EMAIL OF PURCHASE CARDHOLDER	
	TREASURY ACCT. SYMBOL (TAS)			
LINE OF ACCOUNTING/DOCUMENT REFERENCE NUMBER (Info Will Appear on IPAC as Entered)				

SPECIFICATIONS	PROOFS <input type="checkbox"/> Content (QTY) <input type="checkbox"/> Inkjet (QTY) <input type="checkbox"/> High Resolution (QTY) <input type="checkbox"/> Prior to Production Samples (QTY) <input type="checkbox"/> Electronic Soft Proof			DAYS DEPT. WILL HOLD PROOFS	QUALITY LEVEL	QUANTITY (unit of finished product)
	FURNISHED ELECTRONIC MEDIA <input type="checkbox"/> Files to be sent via FTP or Email <input type="checkbox"/> CD/DVD (QTY)		OTHER GOVT. FURNISHED MATERIALS		PRESS SHEET INSPECTION <input type="checkbox"/> No. of Hours Notice	TRIM SIZE
	COVER PAPER	COLOR OF COVER INKS	COVER COATING TYPE	PAPER COVERS (Self) <input type="checkbox"/> (Separate) <input type="checkbox"/>	INDICATE WHICH COVERS PRINT 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
	TEXT PAPER	COLOR OF TEXT INKS	TEXT COATING TYPE	NUMBER OF TEXT PAGES	PRINT <input type="checkbox"/> One Side Only <input type="checkbox"/> Head to Head <input type="checkbox"/> Head to Foot	
	STITCH <input type="checkbox"/> ULC <input type="checkbox"/> SIDE <input type="checkbox"/> SADDLE	BINDING <input type="checkbox"/> COMB <input type="checkbox"/> COIL <input type="checkbox"/> PERFECT BOUND <input type="checkbox"/> SEW <input type="checkbox"/> TAPE <input type="checkbox"/> TRIM 4 SIDES <input type="checkbox"/> OTHER				
	<input type="checkbox"/> Supplemental Information Attached					

ADDITIONAL INFORMATION						
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DELIVERY	DELIVER PRODUCT TO:	RETURN FURNISHED MATERIALS TO:
	<input type="checkbox"/> Distribution List Attached	Digital Deliverables Requested - Format: <input type="checkbox"/> Native <input type="checkbox"/> PDF

SUPT. DOCS. NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	SUPT. DOCS. QUANTITY ORDERED	SUPT. DOCS. DELIVERY ADDRESS
CONTRACTOR TOTAL QUOTE	SUPT. DOCS. COST	
FOR ADDITIONAL INFORMATION CONTACT:		ADDITIONAL RATE

FOR ADDITIONAL INFORMATION CONTACT:	EMAIL	PHONE NO.	FAX NO.
AUTHORIZING SIGNATURE (must be on file with GPO) *		TITLE	
		DATE SENT TO CONTRACTOR	
ORDER RECEIVED BY: (Agency Representative)		DATE ORDER RECEIVED	

CONTRACTOR INVOICE	All contractor invoices are to be FAXED to GPO at 202.512.1851. For instructions on how to prepare your bill and get paid go to www.gpo.gov/vendors/payment.htm	
	I certify that the materials/services ordered have been delivered on the date indicated above and that payment or credit has not been received. The penalty for making false statements to the Government is prescribed in 18 USC 1001.	
	CONTRACTOR SIGNATURE	DATE

THIS FORM MUST BE FURNISHED TO GPO UPON SUBMISSION TO CONTRACTOR.



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PUBLICATION TITLE		BILLING ADDRESS CODE (BAC)		
CONTRACTOR	PURCHASE ORDER NO.	STATE CODE	CONTRACTOR'S CODE	
ADDITIONAL INFORMATION				