

DOD PRINTING REQUISITION/ORDER		CLASSIFICATION <small>(Requisition automatically becomes "UNCL" when detached from classified material.)</small>		FOR PLANT USE					
REQUISITION NO.	DATE OF REQUEST	REQUESTED DEL'Y	EST. COST		(PLANT JOB NUMBER)				
FOR REFERENCE CONSULT			PHONE		SCHEDULED COMPLETION DATE	ESTIMATED COST			
ACCOUNTING DATA									
FORM/PUBLICATION NO. AND TITLE <small>(In that order)</small>									
QTY. <small>(Specify shts, sets, etc.)</small>		PAGES	QTY. WILL LAST MOS.	JOB TO BE REPRINTED <input type="checkbox"/> YES <input type="checkbox"/> NO	JOB IS <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> A REPRINT		LAST JOB NO.		
ENCLOSURES <small>(Submit clean, well protected copy)</small> PAGES COPY		NEGA-TIVES	PLATES <small>(If other, specify)</small>		PROOFS <small>(Specify only if necessary)</small> <input type="checkbox"/> NOT REQ'D			SEND TO:	
S P E C I F I C A T I O N S	FINISHED SIZE X		MARGINS <small>(Top)</small> <small>(Left/Bind)</small>		INK <small>(If not black)</small>		GRADE OF PAPER*	WEIGHT*	COLOR*
	FOLD TO <small>(Size)</small> X		PRINT <input type="checkbox"/> ONE SIDE <input type="checkbox"/> HEAD TO HEAD <input type="checkbox"/> HEAD TO FOOT <input type="checkbox"/> OTHER <small>(SEE COPY ATTACHED)</small>				1.		
	ASSEMBLE <input type="checkbox"/> IN SETS <input type="checkbox"/> PAGE SEQ.		WIRE STITCH <small>(Staple)</small> Number Stitches: <input type="checkbox"/> UPPER LEFT <input type="checkbox"/> TOP <input type="checkbox"/>		OTHER <small>(Specify)</small>		2.		
	STANDARD PUNCH <small>(Drill)</small> <input type="checkbox"/> 2-HOLE TOP <input type="checkbox"/> 3-HOLE LEFT		OTHER <small>(Diameter)</small> <small>(Ctr. to ctr.)</small> <small>(Location)</small>				3.		
	PERFORATE/SCORE <input type="checkbox"/> SEE COPY		PAD SHTS SETS <small>(Location)</small> <input type="checkbox"/> TOP <input type="checkbox"/> LEFT		PRONG FASTENERS <input type="checkbox"/> YES <input type="checkbox"/> NO		4.		
	COMPOSING/PROCESSING <small>(Prepare/alter copy; fotolist; offset; etc.)</small>		WRAP <small>(No. per pkg.)</small>				5.		
							6.		
						7.			
						*NOTE: Grades and weight of paper will be in accordance with specifications issued by the Congressional Joint Committee on Printing. No deviations permitted unless justified.			
						DISPOSITION OF NEGS. ____ ORIG. ____ H-HOLD D-DESTROY R-RETURN			
FOR PLANT USE ONLY						SPECIAL INSTRUCTIONS/REMARKS			
NUMBER ORIG.		LINE H.T.						SERIAL NUMBERING, REGISTRATION, ETC.	
IMAGE SIZE		X							
PRESS	PLATES	IMP							
PRESS SHEET SIZE									
TRIM SIZE									
PLANNED BY									
ORDERING OFFICE <small>(If other than delivery address)</small>						DELIVER TO <small>(Complete address)</small>			
LIAISON OFFICE APPROVAL <small>(Signature and date)</small>									
APPROVING OFFICE <small>(Signature and date)</small>									
SEND CONFIRMATION/BILLING COPY TO <small>(Insert complete mailing address)</small>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;"> </div> <div style="width: 45%; text-align: center;"> </div> </div>						DISTRIBUTION REQUIRED <input type="checkbox"/> LIST / <input type="checkbox"/> LABELS ATTACHED			
						WILL PICK UP - PLEASE NOTIFY: <small>(Ext.)</small> <input type="checkbox"/> HOLD			
						MATERIAL RECEIVED <small>(Signature and date)</small>			