

SF-1

PRINTING AND BINDING REQUISITION to the Public Printer of the United States

* Required
Fields

JACKET NO. (For GPO Use Only)

- Red
- Black
- Blue

REQUISITION NO. *

CLASSIFICATION *

Classified Yes No SBU Yes No PII Yes No

EXEMPT FROM REQUIRED DISTRIBUTION TO FEDERAL DEPOSITORY LIBRARIES

Strictly for administrative or operational purposes Copyright restriction Not published with Federal funds

FROM (Department or Government Establishment)

BUREAU/OFFICE

PUBLICATION TITLE

QUALITY LEVEL

DATE PREPARED

QUANTITY (Units of Finished Product)

FINISHED PRODUCT

Books/Pamphlets Forms (Sheets) Labels Sets
 Pads CD/DVD Envelopes Other

Rush (Premium Surcharge Authorized) Open Requisition

PREVIOUS JACKET/REQ. NO. (If Reprint)

FORM NO.

ISBN

IF AVAILABLE ONLINE
http://

THIS ORDER RIDES (Department)

(Requisition No.)

(Jacket No.)

STRAP WITH REQUISITION NO.

GPO IN-HOUSE SERVICES (Prior contact required for each service—attach estimate)

GPO In-House Distribution Services

Security & Intelligent Documents

Graphic and Multimedia Design Web Services Preflight Other

Mailing Storage Mailing List Maintenance

Secure Federal Credentials

BILLING INFO	BILLING ADDRESS CODE (BAC) *	AGENCY LOCATION CODE (ALC)	APPROPRIATION CHARGEABLE/OBLIGATION NO.
	PURCHASE CARD NO. (<input type="checkbox"/> Call for Purchase Card No.)	EXP. DATE	NAME AS IT APPEARS ON PURCHASE CARD
	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)		

PRE-PRESS & PROOFS	FURNISHED (Electronic media must include Form 952)		Qty: _____	<input type="checkbox"/> Materials to be furnished by (date): _____
	<input type="checkbox"/> Files sent via FTP or Email <input type="checkbox"/> CD/DVD <input type="checkbox"/> Copy <input type="checkbox"/> Negative <input type="checkbox"/> Other			
	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 _____ PRESS SHEET INSPECTION <input type="checkbox"/> No. of Hours Notice _____
DELIVER PROOFS TO (PO Box not acceptable, include contact phone number):				

PAPER & INK	COVER PAPER (JCP number [If Known] and Grade, Color, Finish and Basis Weight)	COVER INK(S) (Black, 4-Color Process, Pantone #)	COVER COATING TYPE	<input type="checkbox"/> List Other Paper & Ink Materials Below in Additional Information
	TEXT PAPER (JCP number [If Known] and Grade, Color, Finish and Basis Weight)	TEXT INK(S) (Black, 4-Color Process, Pantone #)	TEXT COATING TYPE	

PRESS & BINDERY	DIGITAL PRINT ACCEPTABLE <input type="checkbox"/>	PRINT <input type="checkbox"/> One Side Only <input type="checkbox"/> Head to Head <input type="checkbox"/> Head to Foot	INDICATE WHICH COVERS PRINT <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	EMBOSS PERFORATE SCORE POSITION	NUMBERING (Inclusive) _____ to _____	Ink (Color) _____	
	SIZE FLAT (Inches) FORMS, SETS, PADS	FOLD TO (Inches)	SIZE TRIMMED PAGE (Inches) BOOKS/PAMPHLETS	NO. OF TEXT PAGES	PAPER COVERS (Self) <input type="checkbox"/>	(Separate) <input type="checkbox"/>	
	STITCH (Side) <input type="checkbox"/> (Saddle) <input type="checkbox"/> (ULC) <input type="checkbox"/>	PASTE ON FOLD <input type="checkbox"/>	LOOSELEAF <input type="checkbox"/> TAPE <input type="checkbox"/> COMB <input type="checkbox"/>	COIL <input type="checkbox"/> PERFECT BOUND <input type="checkbox"/> SEW <input type="checkbox"/> CASE BOUND <input type="checkbox"/>	(Material and Color)		
	PAD/SETS (Position) (Sheets in Pad) (Sets in Pad) (Sheets in Set)	(Chipboard Required) <input type="checkbox"/>	CARBON INTERLEAVE <input type="checkbox"/>	PUNCH/DRILL (No. of Holes) <input type="checkbox"/>	(Inches Center to Center) <input type="checkbox"/>	STAMP TITLE (Bindery) Cover <input type="checkbox"/> Spine <input type="checkbox"/> Foil <input type="checkbox"/>	Ink (Color) _____
COLLATE (Explain)					TAB DIVIDERS (Height of Tab)	Width of Cut (1/5 etc.) (Position)	

PACKAGING & DELIVERY	REQUESTED DELIVERY DATE	KRAFT WRAP <input type="checkbox"/> (QTY)	SHRINK FILM <input type="checkbox"/> (QTY)	BAND IN SETS <input type="checkbox"/> (QTY)	SUITABLE <input type="checkbox"/>	OTHER PACKAGING (Specify) _____ (QTY)	PACK IN CARTONS <input type="checkbox"/>
	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							

ADDITIONAL INFORMATION	<input type="checkbox"/> Supplemental Information Attached						
	FOR ADDITIONAL INFORMATION CONTACT (Name)	TELEPHONE	<input type="checkbox"/> PRICE APPROVAL REQUIRED IF EXCEEDS \$ _____				
	EMAIL	FAX	ESTIMATE (For GPO Use Only)	INCLUDES FREIGHT <input type="checkbox"/> Yes <input type="checkbox"/> No			

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, April 2010
Title 44 of the U.S. Code Control No. 1-110

AUTHORIZING SIGNATURE (Must be on file with GPO) *

Title

PREVIOUS EDITION NOT USABLE

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Supplemental Instructions PAGE 2

FROM (Department or Government Establishment)	PUBLICATION TITLE
REQUISITION NO.	BILLING ADDRESS CODE (BAC)
ADDITIONAL INFORMATION	