

PRINT ORDER FOR marginally PUNCHED CONTINUOUS FORMS

GPO FORM 1026A
(Rev. 3/99) P. 57371-0

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

PROGRAM	PRINT ORDER NO.	JACKET NO.	OBJECT CLASS	ESTIMATED COST	DATE
DEPARTMENT	REQUISITION NO.	BAC	TITLE		FORM NO.
CONTRACTOR			PURCHASE ORDER	STATE CODE	CONTRACTOR'S CODE

FURNISHED MATERIAL

Negatives Camera Copy Reprint Copy Revised Copy Sample

QUANTITY (SETS plus/minus per contract)

STOCK FORM Blank 3 Lines/inch 1/2" tint bar **CUSTOM FORM** **SIZE (Overall):** Width _____ Inches; Depth _____ inches

Equipment and Usage: Printer _____

Must meet Laser Forms Requirements Burster/Decollater _____

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

Copy Designations: Black Ink Red Ink Warning Signal Extended Warranty

MARGINS (Inches)

	Head	Foot	Left	Right
Follow sample/copy	Face			
Inadequate lockup	Back			

PROOF REQUIRED Send proofs and copy to - _____ Sets

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

INTERLEAVING CARBONS

Narrow unpunched, carbon short _____ " on left _____ " on right

PACKING Pack _____ sets per shipping container.

CONTAINERS - 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

JOINING Join sets in the _____ margins by

None Required Crimp Line glue

Flexible Stub Skip glue

SCHEDULE

Copy will be furnished by _____

All sets must be received at destination(s) on or before _____

PARTIAL DELIVERY SCHEDULE:

_____ sets by _____

_____ sets by _____

_____ sets by _____

_____ balance by _____

PERFORATION

MARGINAL _____ " from left side _____ " from right side

TEARLINE Horizontal tearline every _____ "

ADDITIONAL _____

Clean edge perforations

FILE PUNCHING

Number	Diam.	Inches C. to C.	Location - To Center of Hole

Center holes in _____ dimension(s)

ADDITIONAL INSTRUCTIONS

SHIP TO

See attached distribution list

FOR INFORMATION CONCERNING THESE SPECIFICATIONS CALL _____

Date contractor notified of award _____ By _____ Departmental Authority (Signature and Title)