

DOD PRINTING REQUISITION/ORDER		CLASSIFICATION <i>(Requisition automatically becomes "UNCL" when detached from classified material.)</i>		FOR PLANT				
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 <i>(In that order)</i>								
QTY. <i>(Specify shts, sets, etc.)</i>		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 <i>(Submit clean, well protected copy)</i>			<i>(If other, specify)</i>		PROOFS <i>(Specify only if necessary)</i>			
PAGES COPY	NEGA-TIVES	PLATES		<input type="checkbox"/> NOT REQ'D	SEND TO:			
SPECIAL INSTRUCTIONS	FINISHED SIZE X	MARGINS <i>(Top)</i> <i>(Left/Bind)</i>		INK <i>(If not black)</i>		GRADE OF PAPER*	WEIGHT*	COLOR*
	FOLD TO <i>(Size)</i> X	PRINT <input type="checkbox"/> ONE SIDE <input type="checkbox"/> HEAD TO HEAD <input type="checkbox"/> HEAD TO FOOT <input type="checkbox"/> OTHER <i>(SEE COPY ATTACHED)</i>				1.		
	ASSEMBLE <input type="checkbox"/> IN SETS <input type="checkbox"/> PAGE SEQ.	WIRE STITCH <i>(Staple)</i> Number Stitches: <input type="checkbox"/> UPPER LEFT <input type="checkbox"/> TOP <input type="checkbox"/>		OTHER <i>(Specify)</i>		2.		
	STANDARD PUNCH <i>(Drill)</i> <input type="checkbox"/> 2-HOLE TOP <input type="checkbox"/> 3-HOLE LEFT	OTHER <i>(Diameter)</i> <i>(Ctr. to ctr.)</i>		<i>(Location)</i>		3.		
	PERFORATE/SCORE <input type="checkbox"/> SEE COPY	PAD <i>(Location)</i> SHTS SETS <input type="checkbox"/> TOP <input type="checkbox"/> LEFT		PRONG FASTENERS <input type="checkbox"/> YES <input type="checkbox"/> NO		4.		
	COMPOSING/PROCESSING <i>(Prepare/alter copy; fotolist; offset; etc.)</i>			WRAP <i>(No. per pkg.)</i>		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 <i>(If other than delivery address)</i>					DELIVER TO <i>(Complete address)</i>			
LIAISON OFFICE APPROVAL <i>(Signature and date)</i>								
APPROVING OFFICE <i>(Signature and date)</i>								
SEND CONFIRMATION/BILLING COPY TO <i>(Insert complete mailing address)</i>								
					DISTRIBUTION REQUIRED <input type="checkbox"/> LIST / <input type="checkbox"/> LABELS ATTACHED			
					WILL PICK UP - PLEASE NOTIFY: <i>(Ext.)</i> <input type="checkbox"/> HOLD			
					MATERIAL RECEIVED <i>(Signature and date)</i>			