

## PRINTING, BINDING, AND DISTRIBUTION REQUEST

1. BUREAU OR OFFICE				BUREAU REQ. NO.		DATE SUBMITTED		3. REQUISITION No.	
2. PERSON TO CONTACT ABOUT THIS WORK				ROOM NO.		TELEPHONE NO.		DSO REQ. No.	
4. TITLE OR DESCRIPTION OF WORK								GPO REQ. No.	
5. PAGES (Not Sheets) OF MATERIAL SUBMITTED				6. QUANTITY (UNITS OF FINISHED PROD)		FINISHED PRODUCT UNIT			SCHED. COMPLETION DATE
MANUSCRIPT	NEGS. POS.	CAMERA COPY	TOTAL			<input type="checkbox"/> BOOKS OR PAMPHLETS	<input type="checkbox"/> BLANK BOOKS	<input type="checkbox"/> BLANK FORMS (SHEETS)	
						<input type="checkbox"/> FOLDERS	<input type="checkbox"/> SETS	<input type="checkbox"/> PADS OR TABLETS	
						<input type="checkbox"/> OTHER (SPECIFY)			
7. APPROPRIATION				8. EST. COST (Agcy.)		EST. COST		ACTUAL COST	9. DATE WANTED

## PRINTING, BINDING, AND DELIVERY INSTRUCTIONS

KIND		10. PAPER		FINISHED SIZE		COLOR		11. INK				
		SUB.						COLOR NO.				
TEXT												
COVER												
OTHER (SPECIFY)												
12. PROOFS WANTED		NO <input type="checkbox"/>	YES <input type="checkbox"/>	(INDICATE KIND AND HOW MANY OF EACH) GALLEY ( ) PAGE ( ) REPRO ( )		13. PRINT			14. FOLD TO			
						<input type="checkbox"/> ONE SIDE ONLY	<input type="checkbox"/> HEAD TO FOOT	<input type="checkbox"/> HEAD TO HEAD	<input type="checkbox"/> HEAD TO SIDE (SEE SAMPLE)	<input type="checkbox"/> PERF.	<input type="checkbox"/> TRIM 4 SIDES	<input checked="" type="checkbox"/> PASTE
15. GATHER (Assemble)		<input type="checkbox"/> AS PAGED		<input type="checkbox"/> OTHER (SPECIFY)		PERFECT BINDING <input type="checkbox"/>		STITCH (NO. OF STAPLES)		POSITION		
										<input type="checkbox"/> SIDE <input type="checkbox"/> SADDLE <input type="checkbox"/> TOP <input type="checkbox"/> UPPER LEFT		
16. PUNCH OR DRILL		HOLE SHAPE	NO. HOLES	DIAM.	INCHES CTR. TO CTR.	POSITION		OTHER (SPECIFY)				
17. ADDITIONAL OR SPECIAL PRINTING AND BINDING INSTRUCTIONS (USE ADDITIONAL SHEETS IF NECESSARY)								CHECK DISPOSITION OF				
								TYPE	NEGS.	DESTROY		
										RETURN		
										HOLD IN GPO		
										HOLD		
										DROP		
18. DISPOSITION OF WORK		PICK UP		CALL		DELIVER TO		DELIVER ACCORDING TO				
		<input type="checkbox"/> BY MAIL MESSENGER		<input type="checkbox"/> EXTEN.		<input type="checkbox"/> DISTRIB. SVCS.		<input type="checkbox"/> FOLLOWING DATA		<input type="checkbox"/> ATTACHED LIST		
		QUANTITY (UNITS)		TO								

## ADDRESSING AND MAILING INSTRUCTIONS

19. DIS-TRIBUTE TO	WASHINGTON HEADQUARTERS		FIELD				MAILING LISTS			
	<input type="checkbox"/> SMALL ENVELOPES		<input type="checkbox"/> LABELS		<input type="checkbox"/> ADD		<input type="checkbox"/> CORRECT			
<input type="checkbox"/> LARGE ENVELOPES		<input type="checkbox"/> CARDS		<input type="checkbox"/> DELETE		<input type="checkbox"/> PROOF LIST				
<input type="checkbox"/> 20. DIRECT SHIPPING INST. ATTACHED	<input type="checkbox"/> 21. DISTRIBUTE ON RCPT. OF WORK	<input type="checkbox"/> 22. DISTRIBUTE WHEN NOTIFIED	<input type="checkbox"/> 23. FOR INSTRUCTIONS CALL:					FOLD TO:		COPIES
24. ADDITIONAL OR SPECIAL DISTRIBUTION INSTRUCTIONS							8 1/2 x 5 1/2			
							8 1/2 x 3 3/4			
							X			
							Self-Mailer			
							DIST. CLEAR			

IT IS CERTIFIED THAT THIS WORK IS AUTHORIZED BY LAW AND NECESSARY TO THE CONDUCT OF THE BUSINESS OF THIS ORGANIZATION, AND THE ILLUSTRATIONS ORDERED ARE NECESSARY AND RELATE ENTIRELY TO THE PUBLIC BUSINESS.

REQUESTING OFFICE (SIGNATURE)		PRINTING REVIEW POINT (SIGNATURE)		CLEARED BY (SIGNATURE)	
ROUTING SYMBOL	DATE	ROUTING SYMBOL	DATE	ROUTING SYMBOL	DATE

DEPARTMENT OF THE INTERIOR

PRINTING, BINDING, AND DISTRIBUTION REQUEST

INSTRUCTIONS

1. TYPE all requested data on the requisition set.
2. RETAIN Blue copy of the requisition for your office file. Submit all other parts intact (including carbons) to your Printing Office.
3. ITEM COMPLETION:

- |           |   |             |   |
|-----------|---|-------------|---|
| Item 1-2. | Complete all data requested including name of Bureau or Office, Bureau Req. Number and Name, Room number, and telephone number of person most qualified to answer questions about this work.  | Item 7.     | Enter the appropriate symbols chargeable for the work to be performed.  |
| Item 3    | Preparing offices do not use this space; it is reserved for the Printing Branch to enter assigned requisition numbers.  | Item 8.     | Agencies so desiring may enter this estimated cost of the requested service in the unshaded portion of this item.   |
| Item 4.   | Provide specific identification of the work to be processed. Include, when applicable, volume number, form title and form number and edition date, or any other adequate identification.  | Item 9.     | Provide a specific date the finished product is wanted at destinations. <u>Do not</u> use the term ASAP (as soon as possible).  |
| Item 5.   | Indicate number of pages of manuscript and/or camera copy, including illustrations furnished (count a page for each typed or printed side of a sheet), number of film negatives and/or positives furnished, and the combined total. | Item 10-16. | Complete all applicable data.   |
| Item 6.   | Enter total quantity of finished product units required; also check the appropriate unit of finished product.   | Item 17.    | Provide additional or special printing and binding instructions and/or specifications not covered in other items. Use additional sheets if necessary. Also indicate disposition of negatives, and/or type, if applicable. |
|           |   | Item 18.    | Specify the disposition of the completed work.  |
|           |   | Item 19-24. | Complete all applicable items for material to be distributed by Distribution Services. Indicate, where required, correct distribution codes to provide required coverage.   |