

SF-1

PRINTING AND BINDING REQUISITION to the Director of the Government Publishing Office

* 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 ADDRESS CODE (BAC) *

AGENCY LOCATION CODE (ALC)

APPROPRIATION CHARGEABLE/OBLIGATION NO.

PURCHASE CARD

PURCHASE CARD NO. (Call for Card No.)

EXP. DATE

NAME AS IT APPEARS ON PURCHASE CARD

PHONE NO. OF CARDHOLDER

TAS*:
Sub-level
Prefix Code

Allocation
Transfer
Agency
Identifier

Agency
Identifier

Beginning
Period of
Availability

Ending
Period of
Availability

Availability
Type Code

Main
Account
Code

Sub-Account
Code

BETC*

LINE OF ACCOUNTING/DOCUMENT REFERENCE NUMBER
(Info Will Appear on IPAC as Entered)

G-INVOICING (GINV) GTC# **

GINV ORDER# **

ORDER LINE# **

ORDER SCHEDULE# **

**Must use number as generated by G-Invoicing system

FURNISHED (Electronic media must include Form 952)

- Files sent via FTP or Email CD/DVD Copy Negative Other _____

Qty: _____ Materials to be furnished by (date): _____

PROOFS

- Content (QTY) _____ Inkjet (QTY) _____ High Resolution (QTY) _____ Prior to Production Samples (QTY) _____

- Electronic Soft Proof

DAYS DEPT.
WILL HOLD
PROOFS _____

PRESS SHEET INSPECTION

No. of Hours Notice _____

DELIVER PROOFS TO (PO Box not acceptable, include contact phone number):

COVER PAPER (JCP number [If Known] and Grade, Color, Finish and Basis Weight)

COVER INK(S) (Black, 4-Color Process, Pantone #)

COVER COATING TYPE

- 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

DIGITAL PRINT ACCEPTABLE
 Yes No

PRINT
 One Side Only Head to Head Head to Foot

INDICATE WHICH COVERS PRINT
1 2 3 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) (Separate)

STITCH (Side) (Saddle) (ULC)

PASTE ON FOLD

LOOSELEAF

TAPE

COMB

COIL

PERFECT BOUND

SEW

CASE BOUND

(Material and Color)

PAD/SETS (Position) _____

(Sheets in Pad) _____

(Sets in Pad) _____

(Sheets in Set) _____

(Chipboard Required)

CARBON INTERLEAVE

PUNCH/DRILL

(No. of Holes) _____

(Diam.) _____

(Inches Center to Center) _____

(Position) _____

STAMP TITLE (Bindery)
Cover Spine Foil

Ink (Color) _____

COLLATE (Explain) _____

TAB DIVIDERS (Height of Tab) _____

Width of Cut (1/5 etc.) _____

(Position) _____

REQUESTED DELIVERY DATE

KRAFT WRAP (QTY) _____

SHRINK FILM (QTY) _____

BAND IN SETS (QTY) _____

SUITABLE

OTHER PACKAGING (Specify) _____

PACK IN CARTONS (QTY) _____

DELIVER PRODUCT TO:

RETURN FURNISHED MATERIALS TO:

Distribution List Attached

Digital Deliverables Requested - Format: Native PDF

Supplemental Information Attached

FOR ADDITIONAL INFORMATION CONTACT (Name)

TELEPHONE

PRICE APPROVAL REQUIRED IF EXCEEDS \$ _____

EMAIL

FAX

ESTIMATE (For GPO Use Only)

INCLUDES FREIGHT Yes No

AUTHORIZING SIGNATURE

Title

I certify that I am an authorized agency representative of the above-mentioned Government establishment with authority to submit this order to the U.S. Government Publishing Office and obligate its funding in compliance with applicable regulations, and; this work is authorized by law and necessary to the conduct of the business of the above-mentioned Government establishment.

SF-1

PRINTING AND BINDING REQUISITION to the Director of the Government Publishing Office

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