

# 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

<b>BILLING INFO</b>	BILLING ADDRESS CODE (BAC) *		AGENCY LOCATION CODE (ALC)		APPROPRIATION CHARGEABLE/OBLIGATION NO.					
	<input type="checkbox"/> 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

<b>PRE-PRESS &amp; PROOFS</b>	FURNISHED (Electronic media must include Form 952)											
	<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 _____					Qty: _____ <input type="checkbox"/> Materials to be furnished by (date): _____						
	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): \_\_\_\_\_

<b>PAPER &amp; INK</b>	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			

<b>PRESS &amp; BINDERY</b>	DIGITAL PRINT ACCEPTABLE <input type="checkbox"/> Yes <input type="checkbox"/> No		PRINT <input type="checkbox"/> One Side Only <input type="checkbox"/> Head to Head <input type="checkbox"/> Head to Foot		INDICATE WHICH COVERS PRINT 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>				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 (Material and Color) <input type="checkbox"/>			
	PAD/SETS (Position) _____ (Sheets in Pad) _____		(Sets in Pad) _____ (Sheets in Set) _____		(Chipboard Required) <input type="checkbox"/> CARBON INTERLEAVE <input type="checkbox"/>		PUNCH/DRILL <input type="checkbox"/> (No. of Holes) _____ (Diam.) _____		(Inches Center to Center) _____ (Position) _____		STAMP TITLE (Bindery) Cover <input type="checkbox"/> Spine <input type="checkbox"/> Foil <input type="checkbox"/> (Color) _____ Ink (Color) _____			
	COLLATE (Explain) _____									TAB DIVIDERS (Height of Tab) _____ Width of Cut (1/5 etc.) _____ (Position) _____				

<b>PACKAGING &amp; DELIVERY</b>	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) _____		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						

<b>ADDITIONAL INFORMATION</b>	<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 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.

*Caroline Broder*

AUTHORIZING SIGNATURE

Title

**SF-1****PRINTING AND BINDING REQUISITION**  
to the Director of the Government Publishing Office**Supplemental Instructions** PAGE 2

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