



Simplified Purchase Agreement Work Order Form 4044

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

* Required Fields

QUOTES DUE BY

DEPARTMENT OR GOVERNMENT ESTABLISHMENT	REQ. NO. *	JACKET NO. *	PROGRAM NO. *	WORK ORDER NO. *
--	------------	--------------	---------------	------------------

CLASSIFICATION * Classified <input type="checkbox"/> Yes <input type="checkbox"/> No SBU <input type="checkbox"/> Yes <input type="checkbox"/> No PII <input type="checkbox"/> Yes <input type="checkbox"/> No	PUBLICATION TITLE	DATE PREPARED	OBJECT CLASS
---	-------------------	---------------	--------------

CONTRACTOR	PURCHASE ORDER NO. *	STATE CODE *	CONTRACTOR'S CODE *	SHIP/DELIVERY DATE
------------	----------------------	--------------	---------------------	--------------------

BILLING INFO	BILLING ADDRESS CODE (BAC) *	AGENCY LOCATION CODE (ALC)	APPROPRIATION CHARGEABLE/OBLIGATION NO.	
	<input type="checkbox"/> PURCHASE CARD	PURCHASE CARD NO. (Info to appear on GPO copy only)		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
	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#** A2411-047-004-070506		GINV ORDER#** O2411-047-004-044214		ORDER LINE#** 1
				ORDER SCHEDULE#** 1
**Must use number as generated by G-Invoicing system				

SPECIFICATIONS	PROOFS			DAYS DEPT. WILL HOLD PROOFS	QUALITY LEVEL	QUANTITY (unit of finished product)
	<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					
	FURNISHED ELECTRONIC MEDIA		OTHER GOVT. FURNISHED MATERIALS		PRESS SHEET INSPECTION	TRIM SIZE
	<input type="checkbox"/> Files to be sent via FTP or Email <input type="checkbox"/> CD/DVD (QTY)				<input type="checkbox"/> No. of Hours Notice	X
	COVER PAPER	COLOR OF COVER INKS	COVER COATING TYPE	PAPER COVERS (Self) <input type="checkbox"/> (Separate) <input type="checkbox"/>	INDICATE WHICH COVERS PRINT 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
	TEXT PAPER	COLOR OF TEXT INKS	TEXT COATING TYPE	NUMBER OF TEXT PAGES	PRINT <input type="checkbox"/> One Side Only <input type="checkbox"/> Head to Head <input type="checkbox"/> Head to Foot	
STITCH	BINDING					
<input type="checkbox"/> ULC <input type="checkbox"/> SIDE <input type="checkbox"/> SADDLE	<input type="checkbox"/> COMB <input type="checkbox"/> COIL <input type="checkbox"/> PERFECT BOUND <input type="checkbox"/> SEW <input type="checkbox"/> TAPE <input type="checkbox"/> TRIM 4 SIDES <input type="checkbox"/> OTHER					

ADDITIONAL INFORMATION	Digital Print Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Supplemental Information Attached

DELIVERY	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

SUPT. DOCS. NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	SUPT. DOCS. QUANTITY ORDERED	SUPT. DOCS. DELIVERY ADDRESS
CONTRACTOR TOTAL QUOTE \$1795.14	SUPT. DOCS. COST	ADDITIONAL RATE

FOR ADDITIONAL INFORMATION CONTACT: Caroline Broder	EMAIL Caroline.broder@macpac.gov	PHONE NO. 202-350-2000	FAX NO.
AUTHORIZING SIGNATURE <i>Caroline Broder</i>	TITLE	DATE SENT TO CONTRACTOR	

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.

ORDER RECEIVED BY: (Agency Representative)	DATE ORDER RECEIVED
--	---------------------

CONTRACTOR INVOICE	All contractor invoices are to be FAXED to GPO at 202.512.1851 . For instructions on how to prepare your bill and get paid go to www.gpo.gov/vendors/payment.htm	
	I certify that the materials/services ordered have been delivered on the date indicated above and that payment or credit has not been received. The penalty for making false statements to the Government is prescribed in 18 USC 1001.	
	CONTRACTOR SIGNATURE	DATE



Simplified Purchase Agreement Work Order Form 4044

DEPARTMENT OR GOVERNMENT ESTABLISHMENT	REQ. NO.	JACKET NO.	PROGRAM NO.	WORK ORDER NO.
PUBLICATION TITLE		BILLING ADDRESS CODE (BAC)		
CONTRACTOR	PURCHASE ORDER NO.	STATE CODE	CONTRACTOR'S CODE	
ADDITIONAL INFORMATION				