

SF-1

PRINTING AND BINDING REQUISITION to the Public Printer of the United States

* Required Fields

JACKET NO. (For GPO Use Only)

- Red
- Black
- Blue

REQUISITION NO. *

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|---|--|
| 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 | EXEMPT FROM REQUIRED DISTRIBUTION TO FEDERAL DEPOSITORY LIBRARIES <input type="checkbox"/> Strictly for administrative or operational purposes <input type="checkbox"/> Copyright restriction <input type="checkbox"/> Not published with Federal funds |
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| FROM (Department or Government Establishment) | BUREAU/OFFICE |
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| PUBLICATION TITLE | QUALITY LEVEL | DATE PREPARED |
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| QUANTITY (Units of Finished Product) | FINISHED PRODUCT <input type="checkbox"/> Books/Pamphlets <input type="checkbox"/> Forms (Sheets) <input type="checkbox"/> Labels <input type="checkbox"/> Sets <input type="checkbox"/> Pads <input type="checkbox"/> CD/DVD <input type="checkbox"/> Envelopes <input type="checkbox"/> Other | <input type="checkbox"/> Rush (Premium Surcharge Authorized) <input type="checkbox"/> Open Requisition |
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| PREVIOUS JACKET/REQ. NO. (If Reprint) | FORM NO. | ISBN | IF AVAILABLE ONLINE http:// |
|---------------------------------------|----------|------|--------------------------------|

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| THIS ORDER RIDES (Department) | (Requisition No.) | (Jacket No.) | STRAP WITH REQUISITION NO. |
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| GPO IN-HOUSE SERVICES (Prior contact required for each service—attach estimate) <input type="checkbox"/> Graphic and Multimedia Design <input type="checkbox"/> Web Services <input type="checkbox"/> Preflight <input type="checkbox"/> Other | GPO In-House Distribution Services <input type="checkbox"/> Mailing <input type="checkbox"/> Storage <input type="checkbox"/> Mailing List Maintenance | Security & Intelligent Documents <input type="checkbox"/> Secure Federal Credentials |
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|--|---------------------------------------|---|----------------------------------|-------------------------------------|-------------------------|-------------------|------------------|-------|--|
| 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) |

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

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|---|--|--|--------------------------------------|------------------------------------|--|---|--------------------------------------|-------------------------------------|----------------------|
| 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 <input type="checkbox"/> | PERFORATE <input type="checkbox"/> | SCORE <input type="checkbox"/> | 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 <input type="checkbox"/> | (Material and Color) |
| 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) _____ | (Inches Center to Center) _____ | 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) _____ | |

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| 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 | | | |

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| <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 this work is authorized by law and necessary to the conduct of the business of the above-mentioned Government establishment.

Standard Form 1, February 2014
Title 44 of the U.S. Code Control No. 1-110

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| AUTHORIZING SIGNATURE (Must be on file with GPO) * | Title |
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| REQUISITION NO. | BILLING ADDRESS CODE (BAC) |
| ADDITIONAL INFORMATION | |