

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 *				EXEMPT FROM REQUIRED DISTRIBUTION TO FEDERAL DEPOSITORY LIBRARIES									
Classified <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Strictly for administrative or operational purposes <input type="checkbox"/> Copyright restriction <input type="checkbox"/> 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		Rush (Premium Surcharge Authorized)		Open Requisition							
		<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											
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							
<input type="checkbox"/> Graphic and Multimedia Design <input type="checkbox"/> Web Services <input type="checkbox"/> Preflight <input type="checkbox"/> Other				<input type="checkbox"/> Mailing <input type="checkbox"/> Storage <input type="checkbox"/> Mailing List Maintenance		<input type="checkbox"/> Secure Federal Credentials							
BILLING INFO	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				
G-INVOICING (GINV) GTC# **				GINV ORDER# **				ORDER LINE# **		ORDER SCHEDULE# **			
**Must use number as generated by G-Invoicing system													
PRE-PRESS & PROOFS	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):													
PAPER & INK	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				
PRESS & BINDERY	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) <input type="checkbox"/>		(Sheets in Pad) <input type="checkbox"/>		(Sets in Pad) <input type="checkbox"/>		(Sheets in Set) <input type="checkbox"/>		(Chipboard Required) <input type="checkbox"/>		CARBON INTERLEAVE <input type="checkbox"/>		
	PUNCH/DRILL <input type="checkbox"/>		(No. of Holes) <input type="checkbox"/>		(Diam.) <input type="checkbox"/>		(Inches Center to Center) <input type="checkbox"/>		(Position) <input type="checkbox"/>		STAMP TITLE (Bindery) Cover <input type="checkbox"/> Spine <input type="checkbox"/> Foil <input type="checkbox"/> Ink (Color) _____		
COLLATE (Explain)										TAB DIVIDERS (Height of Tab)		Width of Cut (1/5 etc.) (Position)	
PACKAGING & DELIVERY	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) _____ (QTY)		
	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						
ADDITIONAL INFORMATION	<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

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