

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. *

CLASSIFICATION *

Classified ☐ Yes
☐ NoSBU ☐ Yes
☐ NoPII ☐ 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
☐ Pads☐ Forms (Sheets)
☐ CD/DVD☐ Labels
☐ Envelopes☐ Sets
☐ 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)

☐ Graphic and
Multimedia Design☐ Web Services☐ Preflight☐ Other

GPO In-House Distribution Services

☐ Mailing☐ Storage☐ Mailing List Maintenance

Security & Intelligent Documents

☐ Secure Federal CredentialsBILLING INFO
Component TAS/BETC

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 CodeAllocation
Transfer
Agency
IdentifierAgency
IdentifierBeginning
Period of
AvailabilityEnding
Period of
AvailabilityAvailability
Type CodeMain
Account
CodeSub-Account
Code

BETC*

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

PRE-PRESS & PROOFS

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 ProofDAYS DEPT.
WILL HOLD
PROOFS _____

PRESS SHEET INSPECTION

☐ 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

☐ 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
☐ Yes ☐ NoPRINT
☐ 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

X

FOLD TO
(Inches)

X

SIZE TRIMMED
PAGE (Inches)
BOOKS/PAMPHLETS

X

NO. OF TEXT PAGES

PAPER COVERS
(Self)☐PAPER COVERS
(Separate)☐STITCH
(Side)☐

(Saddle)

(ULC)

☐PASTE
ON FOLD☐

LOOSELEAF

☐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)

SEW ☐CASE
BOUND☐

(Material and Color)

STAMP TITLE (Bindery)

Cover ☐Spine ☐Foil
(Color)Ink
(Color)

Ink
(Color)

COLLATE (Explain)

TAB DIVIDERS
(Height of Tab)

Width of Cut (1/5 etc.)

(Position)

PACKAGING & DELIVERY

REQUESTED DELIVERY DATE

KRAFT WRAP

☐ _____
(QTY)

SHRINK FILM

☐ _____
(QTY)

BAND IN SETS

☐ _____
(QTY)SUITABLE ☐

OTHER PACKAGING (Specify)

☐ _____
(QTY)PACK IN
CARTONS☐

DELIVER PRODUCT TO:

RETURN FURNISHED MATERIALS TO:

☐ Distribution List AttachedDigital Deliverables Requested - Format: ☐ Native ☐ PDF

ADDITIONAL INFORMATION

☐ 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 (Must be on file with GPO) *

Title

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

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