



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	
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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	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

SPECIFICATIONS	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		QUALITY LEVEL		QUANTITY (unit of finished product)	
	FURNISHED ELECTRONIC MEDIA <input type="checkbox"/> Files to be sent via FTP or Email <input type="checkbox"/> CD/DVD (QTY)				OTHER GOVT. FURNISHED MATERIALS				PRESS SHEET INSPECTION <input type="checkbox"/> No. of Hours Notice		TRIM SIZE X	
	COVER PAPER				COLOR OF COVER INKS		COVER COATING TYPE		PAPER COVERS (Self) (Separate) <input type="checkbox"/> <input type="checkbox"/>		INDICATE WHICH COVERS PRINT 1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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 <input type="checkbox"/> ULC <input type="checkbox"/> SIDE <input type="checkbox"/> SADDLE		BINDING <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									
	Digital Print Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Supplemental Information Attached											

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		SUPT. DOCS. COST		ADDITIONAL RATE					

FOR ADDITIONAL INFORMATION CONTACT:				EMAIL				PHONE NO.				FAX NO.	
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AUTHORIZING SIGNATURE <i>Caroline Broder</i>						TITLE		DATE SENT TO CONTRACTOR					
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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) Caroline Broder						DATE ORDER RECEIVED 3/12/2024					
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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			



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ADDITIONAL INFORMATION				