

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 <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																
FROM (Department or Government Establishment)				BUREAU/OFFICE																
PUBLICATION TITLE				QUALITY LEVEL		DATE PREPARED														
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														
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) <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														
BILLING INFO Component TAS/BETC	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)	
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 <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 X				FOLD TO (Inches) X				SIZE TRIMMED PAGE (Inches) BOOKS/PAMPHLETS X				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"/>		(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"/> (Color) <input type="checkbox"/> Ink (Color) <input type="checkbox"/>					
	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) <input type="checkbox"/> (QTY)		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											
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 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

AUTHORIZING SIGNATURE (Must be on file with GPO) *

Title

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