

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		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			
	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 PERFORATE SCORE 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"/> (Inches Center to Center) <input type="checkbox"/> (Position) <input type="checkbox"/>	
	COLLATE (Explain)						STAMP TITLE (Bindery) Cover <input type="checkbox"/> Spine <input type="checkbox"/> Foil <input type="checkbox"/> Ink (Color) _____		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)	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	