

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
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FROM (Department or Government Establishment)	BUREAU/OFFICE
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PUBLICATION TITLE	QUALITY LEVEL	DATE PREPARED
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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	Rush (Premium Surcharge Authorized) <input type="checkbox"/> Open Requisition <input type="checkbox"/>
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PREVIOUS JACKET/REQ. NO. (If Reprint)	FORM NO.	ISBN	IF AVAILABLE ONLINE http://
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THIS ORDER RIDES (Department)	(Requisition No.)	(Jacket No.)	STRAP WITH REQUISITION NO.
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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
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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)

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): _____
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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 _____
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DELIVER PROOFS TO (PO Box not acceptable, include contact phone number):		
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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	

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"/>	PAPER COVERS (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) _____	(Sheets in Pad) _____	(Sets in Pad) _____	(Sheets in Set) _____	(Chipboard Required) <input type="checkbox"/>	CARBON INTERLEAVE <input type="checkbox"/>	PUNCH/DRILL <input type="checkbox"/>	(No. of Holes) _____	(Inches Center to Center) _____	STAMP TITLE (Bindery) Cover <input type="checkbox"/> Spine <input type="checkbox"/> Foil <input type="checkbox"/> (Color) _____	Ink (Color) _____
COLLATE (Explain)							TAB DIVIDERS (Height of Tab) _____	Width of Cut (1/5 etc.) _____	(Position) _____	

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) _____	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			

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 _____

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