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Print Order Form 2511

You are hereby authorized to manufacture and ship the following described product in accordance with the purchase order and specifications indicated.

* Required Fields

DEPARTMENT OR GOVERNMENT ESTABLISHMENT		REQ. NO. *			JACKET NO. *		PROGRAM NO. *			PRINT OR	DER NO. *				
PLIR	LICATION TITI	I.E.						DATE PREF	ARED		ESTIMAT	E (For GPO L	Ise Only)		OBJECT CLASS
100	LICATION TITE	LL						D/ (TE T TIE	7 (TEB		LOTINIA	_ (i oi ai o c	oc Omy)		020201 02/100
CON	TRACTOR					PURCHAS	E ORDER N	O. *	ST	ATE COD	E* CON	TRACTOR'S	CODE *	SHIP/DELI	VERY DATE *
TOR	BILLING ADD	DRESS CODE (BAC) *	AGENCY LOCATION C	CODE (ALC)	APPROPRIA	TION CHARGE	ABLE/OBLI	GATION NO).						
CONTRACTO	Pay by Purchase Card	PURCHASE CARD N	O. (Info to Appear on GPO	Copy Only)	EXP. DATE	NAME AS IT A	PPEARS O	N PURCHAS	SE CARE)					
FOR	PHONE NO. (OF CARDHOLDER			JRCHASE CAI								TREASURY ACCT. SYMBOL (TAS)		
NOT	LINE OF ACC	COUNTING/DOCUME	NT REFERENCE NUMBE	ER (Info Will A	ppear on IPA(C as Entered)									
	PROOFS Content	t Inkjet	UQTY) High Resol	ution	Prior to	Production Sam	ples	_	tronic Proof	DAYS DI HOLD P		QUALITY LEVEL	QUANT	ΓΙΤΥ (unit c	f finished product)
	FURNISHED ELECTRONIC MEDIA Files to be sent via FTP or Email (OTY)			OTHER	OTHER GOVT. FURNISHED MATERIA			PRESS S		SHEET INSPECTION of Hours Notice		TRIM SIZE X			
<u>s</u>	COVER PAPE	ER			COLOR OF COVER INK			COVER	COATIN	3 TYPE	TYPE PAPER COVERS (Self) (Sep		ate) INDICATE WHICH COVERS PRIN		
SPECIFICATIONS	TEXT PAPER (COLOR OF TEXT INKS			XT COATING TYPE		NUMBER OF TEXT PAGES		PRINT One Side Head to Head Only Head			
PECIFI	FOLD-IN PAI	PER			COLO	R OF FOLD-IN I	INKS	NO. OF	FOLD-II	NS			SIZE C	F FOLD-IN	X
S	STITCH ULC	SIDE SAD				BOUND S	SEW 🗌	TAPE []TRIM 4	SIDES	ОТНІ	ER			☐ PERFORATE
	PAD/SETS	(Position) (Shee	ets in Pad) (Sets in Pad	1		oard Required)	DRILL_	ROUND	HOLES.	IN	CHES IN D	IAM. ON		SIDE	_ IN. CTR TO CTR.
	BAND UNITS SHRINK WRA		PACK OR SUITABLE	QTY PER (CONTAINER	PALLETS REQUIRED	CENTER	OF HOLES			INCH	ES FROM			EDGE OF SHEET
ADDITIONAL INFORMATION															
DELIVERY	DELIVER PRO	ODUCT TO: on List Attached						FURNISHE				ive ∏PDF			
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AUT	HORIZING SIG	GNATURE (must be or	n file with GPO)			T	TITLE					DA	TE SENT	TO CONTF	RACTOR

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Supplemental Instructions PAGE 2

DEPARTMENT OR GOVERNMENT ESTABLISHMENT	REQ. NO.		JACKET NO.		PROGRAM NO.	PRINT ORDER NO.			
PUBLICATION TITLE			BILLING ADDRESS CODE (BAC)						
CONTRACTOR		PURCHASE ORDER N	IO.	STATE CODE	CONTRACTOR'S CODE				
ADDITIONAL INFORMATION									