SF	To 1	JACKET NO. (Assigned at GPO) Red				REQUISITION NO.									
To the PUBLIC PRINTER Please furnish the following: FROM (Department or Government Establishment)							(Bureau or Office)				DATE				
APPROPRIATION CHARGEABLE/APPLICABLE LAW								BILLING ADDRESS CODE (BAC)				AUTHORIZED BY			
TITLE								QUALITY LEVEL				FORM NO.			
QUANTITY (Units of finished products) FINISHED PRODUCT (Check One) Books or Blank Forms Sets								Pads or Other				CLASSIFICATION			
THIS ORDER RIDES (Department) (Requisition No.)							Tablets (Specify) (Jacket No.)				STRAP WITH REQUISITION NO.				
PAPER STOCK AND INK	Text	le, color, and ba	color, and basis weight)				SECOND CHOICE (If any)				COLOR(S) OF INK				
	Cover														
	OTHER (Specify)														
COMPOSITION	FURNISHED (Ma	(Negatives	(Negatives) (Camera Co			(Manuscript)		(Shoot printed copy)		PREVIOUS JACKET/REQ. (If reprint)					
		other nt, Face, Leaded/Solid)	DISPLAY	DISPLAY TYPE (Face)			MARGINS (After trim) Picas/	Back/Left	Top	Other	FOL. LIT.	FOR	RMS MUST BISTER	TYPEWRITER SPACING	
	TYPE PAGE WIDTH No. Col. (Picas) of Width			running head but not bottom (Tota		TIONS	inches PICK UP FROM: Jacket No.		Req. No. RESTORE TO ORIGINAL JACKET		HOLD REPRODUCIBLES (Spendag, tape)		ES (Specify) ((Negs., type,	
PRESS AND BINDERY	PRINT ONE SIDE HEA ONLY HEA	D TO HEAD TO (COVE	COVER PRINTS EMBOSS HER 1 2 3 4		RULING (Print or	PERFORATE SCORE		Position	osition		NUMBER (Inclusive)		Color of ink	
	SIZE FLAT (Inche FORMS, SETS, I	es) PADS	FOLD TO (Inches)	(Inches)		Bindery) SIZE TRIMI PAGE (Inch	nes)		PAGES		FOLDINS/IN	TO ISERTS	PAPER C (Self)	OVERS (Separate)	
	WIRE STITCH (Side) (No.) PASTE ON FOLD		D LOOSE- LEAF	ADHESIVE BOUND	SIVE SEW CASI		MPHLETS X (Material and Color)		X	STAMP TIT Cover	LE (Bindery) Spine	Gold	Im. Gold	Ink (color)	
	PAD/SETS (Sheets (Gum) (Stitch) (Pos.) in Pad)		(Sets in Pad)	(Sheets in Set)	PUNCH/ DRILL (Shape)		(No. of holes) (Diam.)		(Inches C to Cente	enter er)	(Pos.)	ROUND C	CORNERS (Position)		
	GATHER (Explain)						CARBON INTERLEAVE	INDEX (Cut)	(Tab)	(Bleed)	LIP DIVIDEF (Height of Li	RS ip)	(Width of cut 1/5 etc	:.) (Pos.)	
S AND ERY	REQUESTED PROOF DATE PROOF SETS (Galley)				DEPT. HO (Galley)	LD (Workdays (Pages)	PROOFS TO								
	REQUESTED DELIVERY DATE		KRAFT WRAP	SHRINK FILM	BAND IN SETS	SUITABLE	OTHER PAG	ACKAGING (Specify)					PACK IN CARTONS	B/L FURNISHED	
PROOFS A	DELIVER TO					ı				I					
Abbillio	NAL INFORMATIC	J.V.													
		MATION CONTACT (Na		none Number)											
BILLING	ADDRESS (if BA	C has not been assign	ed)												
STAND	ARD FORM 1 (Re	authorized by law and v. July 1979)	necessary to th	ne conduct of h	he business o	f the above-m	entioned gove	rnment esta	ablishment.						
Prescribed by GPO								Authorizing Signature)				(Title)			