CD-ROM REQUEST

Submit Completed Requests To:					USE ONLY	
USDA/OCFO/National Finan	DATE					
PO BOX 60000						
NEW ORLEANS, LOUISIANA 70160					JOBNAME	
ATTN: IRMD/OB/OSS ADMINISTRATOR						
FAX: 504-255-6200	-			CONTROL NUMBER		
A. REQUESTOR INFORMATION				•		
1. NAME		2. ORGANIZATION				
3. E-MAIL ADDRESS	4. PHONE NUMBER (Area co	de and number)	5. F	FAX NUMBER (Area code and n	umber)	
B. AUTHORIZATION TO SUBMIT REQUEST						
6. AUTHORIZING OFFICIAL NAME	7. AUTHORIZING OFFICIAL SIGNATURE					
8. TITLE			9. PHONE NUMBER (Area code and number) 10. DATE			
C. GENERAL INFORMATION						
11. IS THIS REQUEST TO MODIFY AN EXISTING CD DISTRIBU	TION?					
NO YES > Provide the Job ID Number included on the last CD received.						
D. CD-ROM DISTRIBUTION AND LABEL S	PECIFICATIONS.					
12. CD IDENTIFIER LINE 1. (General classification of what is reco		ame that will also be pr	inted on the face of the	he CD-ROM. (Maximum 40 chara	acters))	
13. CD-ROM CONTENTS LINES 2 AND 3. (2 lines of 40 charact	ers each are to be used to further ide	entify/describe the cont	ents of the CD-ROM.	.)		
14. CD-ROM CONTENTS LINE 4. (User generated; information w	ill be taken from header file. (ex., run	dates, as of date, PP))			
15. PRODUCTS TO BE RECORDED ON CD. (Names are to be the	he same or similar to those provided	in the Reports Specific	ations or Data File Sp	pecifications section. (Maximum	of 8 characters))	
E. REPORT/DATA FILE SPECIFICATIONS.	Complete this section fo	r each report/d	lata file that is	to be placed on a CD	. CD can con-	
tain reports or data files, not a combination. If more than 1 report/data file is needed, make copies of this page.						
16. IS THIS REPORT/DATA FILE NEW OR EXISTING?	the report/data file produced includir	ng this				
NEW CD-ROM Request Form. Indicate in your requirements that the output distribution is CD-ROM.						
17. TITLE REPORT/DATA FILE NAME						
NFC PRODUCTION (i.e., FOCUS, CULPRIT) LAN FTP OTHER (Specify)						
19. HOW OFTEN IS REPORT/DATA FILE RECEIVED? 20. REPORT/DATA FILE SIZE (Enter at least one)					ai least one)	
	PAY PERIOD OTHER (S	Specify)				
SEMI-ANNUALLY MONTHLY N	VEEKLY			# PRINTED PAGES	OR FILE SIZE	
FOR NFC USE ONLY 21. AUTHORIZING OFFICIAL 22. PHONE NUMBER (Area code and number) 23. DATE						
			22. FILONE NUMBE		23. DAIL	

F. RECIPIENT. This sheet will accommodate two recipients. Complete this section for each recipient. If additional recipient pages are needed, make copies of this page. For each recipient of the CD, provide the following information:				
RECIPIENT 1				
24. AGENCY NAME				
25. RECIPIENT'S TITLE OR POSITION (Do not use	employee names)			
26. STREET ADDRESS (Line 1)				
27. STREET ADDRESS (Line 2)				
28. STREET ADDRESS (Line 3)				
29. CITY		30. STATE		
31. ZIP CODE		I		
32. ORGANIZATION STRUCTURE CODE		33. NUMBER OF COPIES		
RECIPIENT 2				
24. AGENCY NAME				
25. RECIPIENT'S TITLE OR POSITION (Do not use	employee names)			
26. STREET ADDRESS (Line 1)				
27. STREET ADDRESS (Line 2)				
28. STREET ADDRESS (Line 3)				
29. CITY		30. STATE		
31. ZIP CODE				
32. ORGANIZATION STRUCTURE CODE		33. NUMBER OF COPIES		
RECIPIENT 3				
24. AGENCY NAME				
25. RECIPIENT'S TITLE OR POSITION (Do not use	employee names)			
26. STREET ADDRESS (Line 1)				
27. STREET ADDRESS (Line 2)				
28. STREET ADDRESS (Line 3)				
29. CITY		30. STATE		
31. ZIP CODE				
32. ORGANIZATION STRUCTURE CODE		33. NUMBER OF COPIES		
COMMENTS/NOTES				