

SF 1

PRINTING AND BINDING REQUISITION

To the PUBLIC PRINTER Please furnish the following:

JACKET NO. (Assigned at GPO)

 Red
 Black

REQUISITION NO.

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 Pamphlets
 Blank Forms (Sheets)
 Sets
 Pads or Tablets
 Other (Specify)

CLASSIFICATION

THIS ORDER RIDES (Department)

(Requisition No.)

(Jacket No.)

STRAP WITH REQUISITION NO.

PAPER STOCK AND INK

Text

FIRST CHOICE (Grade, color, and basis weight)

SECOND CHOICE (If any)

COLOR(S) OF INK

Cover

OTHER (Specify)

COMPOSITION

FURNISHED (Magnetic tape)

(Negatives)

(Camera Copy)

(Manuscript)

(Shoot printed copy)

PREVIOUS JACKET / REQ NO. (If Reprint)

 Direct Drive
 Other

TEXT TYPE (Point, Face, Leaded/Solid)

DISPLAY TYPE (Face)

MARGINS (After trim)

Back/Left

Top

Other

FOL. LIT.

FORMS MUST REGISTER

TYPEWRITER SPACING

TYPE PAGE WIDTH (Picas)

No. of Cols.

Col. Width

TYPE PAGE DEPTH (Include running head but not bottom folio)

ILLUSTRATIONS (Total)

PICKUP FROM: Jacket No.

Req. No.

RESTORE TO ORIGINAL JACKET

HOLD REPRODUCIBLES (Specify) (Negs, type, mag tape)

Weeks

PRESS AND BINDERY

PRINT One Side Only

Head to Head

Head to Foot

Other

COVER PRINTS 1 2 3 4

EMBOSS

RULING (Print or Bindery)

PERFORATE SCORE

Position

NUMBER (Inclusive)

TO

Color of ink

SIZE FLAT (inches) FORMS, SETS, PADS

X

FOLD TO (Inches)

X

SIZE TRIMMED PAGE (Inches) BOOKS/PAMPHLETS

X

PAGES

FOLDINS / INSERTS

PAPER COVERS (Self)

(Separate)

WIRE STITCH (Side)

(Saddle)

(No.)

PASTE ON FOLD

LOOSELEAF

ADHESIVE BOUND

SEW

CASE BOUND

(Material and Color)

STAMP TITLE (Bindery)

Cover

Spine

Gold

Im. Gold

Ink (Color)

PAD/SETS (Gum)

(Stitch)

(Pos.)

(Sheets in Pad)

(Sets in Pad)

(Sheets in Set)

PUNCH/DRILL

(Shape)

(No. of Holes)

(Diam.)

(Inches Center to Center)

(Pos.)

ROUND CORNERS (No.)

(Position)

GATHER (Explain)

CARBON INTERLEAVE

INDEX (Cut)

(Tab)

(Bleed)

LIP DIVIDERS (Height of Lip)

(Width of cut 1/5 etc.)

(Pos.)

PROOFS AND DELIVERY

REQUESTED PROOF DATE

PROOF SETS (Galley)

(Page)

DEPT. HOLD (Workdays)

(Galley)

(Pages)

PROOFS TO

REQUESTED DELIVERY DATE

KRAFT WRAP

SHRINK FILM

BAND IN SETS

SUITABLE

OTHER PACKAGING (SPECIFY)

QUANTITY IN PACKAGE

PACK IN CARTONS

B/L FURNISHED

DELIVER TO

ADDITIONAL INFORMATION

FOR ADDITIONAL INFORMATION CONTACT (Name and Telephone Number)

BILLING ADDRESS (If BAC has not been assigned)

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 (Rev. July 1979)
 Prescribed by GPO
 Title 44 of the U.S. Code Control No. 1-110

(Authorizing Signature)

(Title)