

SF 1

PRINTING AND BINDING REQUISITION

To the PUBLIC PRINTER Please furnish the following:

FROM (Department or Government Establishment)		JACKET NO. (Assigned at GPO)		<input type="checkbox"/> Red <input type="checkbox"/> Black	REQUISITION NO.	
APPROPRIATION CHARGEABLE / APPLICABLE LAW		(Bureau or Office)		DATE		
TITLE		BILLING ADDRESS CODE (BAC)		AUTHORIZED BY		
QUANTITY (Units of finished products)		FINISHED PRODUCT (Check one) <input type="checkbox"/> Books or Pamphlets <input type="checkbox"/> Blank Forms (Sheets) <input type="checkbox"/> Sets <input type="checkbox"/> Pads or Tablets <input type="checkbox"/> Other (Specify)		FORM NO.		
THIS ORDER RIDES (Department)		(Requisition No.)		(Jacket No.)		
CLASSIFICATION		STRAP WITH REQUISITION NO.		COLOR(S) OF INK		
PAPER STOCK AND INK	Text	FIRST CHOICE (Grade, color, and basis weight)		SECOND CHOICE (If any)		
	Cover					
	OTHER (Specify)					
COMPOSITION	FURNISHED (Magnetic tape) <input type="checkbox"/> Direct Drive <input type="checkbox"/> Other		(Negatives)	(Camera Copy)	(Manuscript)	(Shoot printed copy)
	TEXT TYPE (Point, Face, Leaded/Solid)		DISPLAY TYPE (Face)		MARGINS (After trim) Picas/Inches	Back/Left Top Other
	TYPE PAGE WIDTH (Picas)		No. of Cols.	Col. Width	TYPE PAGE DEPTH (Include running head but not bottom folio)	ILLUSTRATIONS (Total)
PRESS AND BINDERY	PRINT One Side Only		Head to Head	Head to Foot	Other	COVER PRINTS 1 2 3 4
	SIZE FLAT (inches) FORMS, SETS, PADS		FOLD TO (Inches)		SIZE TRIMMED PAGE (Inches) BOOKS/PAMPHLETS	
	WIRE STITCH (Side) (Saddle) (No.)		PASTE ON FOLD		LOOSELEAF	ADHESIVE BOUND
	PAD/SETS (Gum) (Stitch) (Pos.)		(Sheets in Pad)	(Sets in Pad)	(Sheets in Set)	PUNCH/DRILL (Shape)
	GATHER (Explain)		CARBON INTERLEAVE		INDEX (Cut)	(Tab) (Bleed)
	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)
DELIVER TO		QUANTITY IN PACKAGE		PACK IN CARTONS	B/L FURNISHED	

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)