

PRINTING & DUPLICATING REQUISITION MEDIA SOLUTIONS DIVISION • 405.954.3151 FILL IN ONLY THOSE BOXES THAT APPLY	1. ESTIMATE NUMBER	JOB NUMBER
	2. DATE OF ORDER	3. DATE REQUIRED <i>(Enter an actual date)</i>
	4. CUSTOMER'S REFERENCE NUMBER	5. ROUTING SYMBOL
6. PERSON TO CONTACT	7. TELEPHONE NUMBER	8. PROTECT FROM DISCLOSURE <input type="checkbox"/> SENSITIVE CONTENT
9. FORM / COURSE # / PUB #		10. <input type="checkbox"/> SAVE JOB TO ON-DEMAND LIBRARY
11. TITLE / DESCRIPTION OF SERVICES AND/OR MATERIAL <i>(i.e. title, name of document)</i>		

12. PRINTING SPECIFICATIONS

a. PAPER STOCKS REQUIRED				b. NO. OF PAGES		
COVERS	PAPER STOCK TYPE	SIZE	PAPER STOCK COLOR	INK COLOR(S)	COLOR	BLACK
	INTERIOR PAGES				c. QUANTITY	
TABBED DIVIDERS	# TABS IN ONE SET	OTHER (Specify)	WHITE <input type="checkbox"/>	BLUE <input type="checkbox"/>	OTHER	d. NO. OF FOLD-INS

e. PRINT		f. COMPLETED SIZE		g. FOLDING	h. OTHER
PORTRAIT <input type="checkbox"/> ONE SIDE <input type="checkbox"/> HEAD TO HEAD <input type="checkbox"/> HEAD TO FOOT		LANDSCAPE <input type="checkbox"/> ONE SIDE <input type="checkbox"/> HEAD TO HEAD <input type="checkbox"/> HEAD TO FOOT		<input type="checkbox"/> BI-FOLD <input type="checkbox"/> TRI-FOLD OTHER (Specify)	<input type="checkbox"/> LAMINATE <input type="checkbox"/> UV COATING <input type="checkbox"/> APPLY MAIL TAB
		<input type="checkbox"/> 2" x 3½" <input type="checkbox"/> 4¼" x 5½" <input type="checkbox"/> 5½" x 8½" OTHER (Specify)	<input type="checkbox"/> 8½" x 11" <input type="checkbox"/> 8½" x 14" <input type="checkbox"/> 11" x 17" " x "		

13. BINDERY

a. BINDING			b. PAD	c. PUNCHING	d. BINDERS	e. PACKAGING
STAPLING <input type="checkbox"/> UPPER LEFT <input type="checkbox"/> LEFT SIDE <input type="checkbox"/> SADDLE STITCH	PLASTIC COMB <input type="checkbox"/> LONG EDGE <input type="checkbox"/> SHORT EDGE	HOT TAPE <input type="checkbox"/> LONG EDGE <input type="checkbox"/> SHORT EDGE	NO. OF SHEETS PER PAD	<input type="checkbox"/> FAA Std 3-Hole (3/8" dia, c-c 4¼") OTHER (Attach)	SIZE: COLOR: RING TYPE: <input type="checkbox"/> 3-Ring <input type="checkbox"/> D-Ring	<input type="checkbox"/> SHRINK WRAP <input type="checkbox"/> BAND PACKAGE IN SETS OF

14. MATERIAL TO PRINT

CHOOSE ONE <input type="checkbox"/> PRINT FROM HARDCOPY PROVIDED. <input type="checkbox"/> PRINT FROM ELECTRONIC FILE(S).	*Please provide file assembly instructions, color page locations, and any tab information on a separate sheet. NAME & LOCATION OF FILE(S)
CHOOSE ONE <input type="checkbox"/> PROVIDE PROOF FOR REVIEW PRIOR TO PRODUCTION. <input type="checkbox"/> I WAIVE MY OPTION TO REVIEW A PRINTED PROOF PRIOR TO PRODUCTION. BY DOING SO I AM RESPONSIBLE FOR PAYMENT IN FULL FOR THE ORDER AS IS AND ANY COSTS FOR REPRODUCING THE ORDER WITH CORRECTIONS.	NAME OF REVIEWER TELEPHONE NUMBER

15. DISTRIBUTION METHOD *(choose ONE ONLY and enter appropriate info)*

<input type="checkbox"/> CALL FOR PICKUP	PERSON TO CONTACT	PHONE NUMBER	<input type="checkbox"/> MAIL <input type="checkbox"/> USPS <input type="checkbox"/> FEDEX OVERNIGHT <input type="checkbox"/> FEDEX 2-DAY <input type="checkbox"/> OTHER	SHIPPING ADDRESS
<input type="checkbox"/> LOCAL DELIVERY	DELIVER TO WHOM?	BLDG	ROOM	

16. SPECIAL INSTRUCTIONS *(if additional space is necessary, attach separate sheets and key instructions to Item No(s))*

17. AUTHORIZATION TO PRINT *(both signatures are REQUIRED if supplying an accounting code)*

a. ESTIMATED COST	b. ACCOUNTING CODE
This work is authorized by regulation and is necessary to the conduct of official business and the specifications are the minimum necessary to meet agency requirements.	
SIGNATURE OF APPROVING OFFICIAL	DATE
SIGNATURE OF FUNDS CERTIFICATION OFFICER (FCO)	DATE