GPO Form 2511 (CDC Adobe Acrobat 3.01 Electronic Version, 9/98)

Retrieve Data

Reset Form

PRINT ORDER

You are hereby authorized to manufacture and ship the following described product in accordance with the purchase order and specifications indicated.

DEPARTMENT	REQ. NO.	DATE	PURCHASE ORDER NO.	PRINT ORDER NO.
		//		

CONTRACTOR	JACKET NO.	ESTIMATED COST	SHIP/DEL DATE
			//

TITLE	OBJECT CLASS	STATE CODE	CONTR'S CODE	PROGRAM NO.

PROOFS	SETS	DATE DUE TO GOV'T	DAYS GOV'T WILL HOLD	RETURN DATE TO CONTR.
Galley		//		//
Page		//		//
Blues		//		//

APPROPRIATION CHARGEABLE: 7510943

BILLING ADDRESS CODE (BAC)

QUANTITY

COMPOSITION: Phototype | Cold Type | Hot Metal

QUALITY LEVEL

TRIM SIZE

MATERIAL FURNISHED TO CONTRACTOR

Manuscript	Halftones	Line Illus.	Camera Copy	Negatives	Binders	Other

TEXT STOCK	COVER STOCK	NO. OF TEXT PAGES (Including Blanks)	FOLD-IN STOCK

FOUR COLOR PROCESS PRNTG. Cover 1 2 3 4 Text

COLOR OF INK Cover Text

COVER PRINTS 1 2 3 4

FOLD-INS/FORMS Face Only | Face & Back

STRIP-INS

NEGATIVES (No. Required)

BINDING

1 ULC		Sew	Band units of
Saddle		Trim 4 Sides	Shrink Film Wrap units of
Side		Perf. on Fold	Other
Perfect		Adhesive Strip	

Drill ____ round holes ____ *in diameter on _____ side _____ inches c. to c.

Center of holes _____ inches from _____ edge of sheet

Pads of _____ sheets/sets each. Pad on the _____ *side. Chipboard required.

Pack _____ per shipping container. ☐ Pallets required.

DISTRIBUTION

RETURN NEGS. TO GPO FOR STORAGE NO ☐ YES ☐

RETURN ORIG. AND/OR NEGS. TO:

Departmental Authority (Signature and Title)	Purchase Obligation	DATE SENT TO CONTRACTOR
Ron B. Ergle Printing Specialist		//

CONTRACTOR TO COMPLETE BOTTOM PORTION AND MAIL ENTIRE FORM TO: COMPTROLLER-FME, FINANCIAL MANAGEMENT SERVICE, U.S. GOVERNMENT PRINTING OFFICE, WASHINGTON, D.C. 20401

Contractor Invoice No. _____ Date Prepared // _____

Date of Delivery/Shipment // _____ Discount Terms _____

ARTICLES OR SERVICES	QUANTITY	UNIT PRICE COST	UNIT PRICE PER	AMOUNT
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
IF ADDITIONAL SPACE IS REQUIRED, USE STD. FORM 1034, 1035, OR ATTACH YOUR INVOICE.			TOTAL	$0.00

I CERTIFY THAT THE MATERIAL, GOODS, OR SERVICES HAVE BEEN DELIVERED /SHIPPED ON THE DATE INDICATED ABOVE AND THAT PAYMENT OR CREDIT HAS NOT BEEN RECEIVED.

The penalty for making false statements to the Government is prescribed in 18 USC 1001.

(Signature of person authorized to sign)

Save Data

Print

Email Form