REPROGRAPHIC SERVICES REQUISITION

(Shaded Blocks for RSC Use Only)

REQUISITION NO. **R-**

PAMS NO.

AGENCY

ORIGINATING OFFICE

COST OBLIGATION

DATE SUBMITTED

TITLE OF JOB

REQUESTED DUE DATE

PRINTING INSTRUCTIONS

Paper Size:
- ☐ 8-1/2 X 11
- ☐ 8-1/2 X 14

Orientation:
- ☐ Portrait
- ☐ Landscape

- ☐ One-side
- ☐ Duplex

QUANTITY

NO. OF TEXT PAGES *(Including blanks)*

TEXT PAPER COLOR

COVER PAPER COLOR / TYPE

COVER PRINTS 1 | 2 | 3 | 4

COLOR COPYING

No. of Originals _____

TRANSPARENCIES

No. of Originals _____

BINDING INSTRUCTIONS
- ☐ 1 Stitch *(Upper left corner)*
- ☐ 2 Stitches
- ☐ Cloth Tape Bind
- ☐ GBC Bind *(Max 50 copies)*
- ☐ Collate only *(Unstitched)*
- ☐ Slip Sheet *(Specify below)*
- ☐ Other *(Specify)* _____
- ☐ Drill 3 - holes
  - ☐ 1/4 " Diameter
  - ☐ 3/8 " Diameter

ADDITIONAL INSTRUCTIONS *(Be specific)*

ELECTRONIC FILE INFORMATION

NO. FILES IN DOC

SOFTWARE AND VERSION

PRINT FILE FORMAT/PDL

HP - PCL ☐ PostScript ☐ Other _____

DOCUMENT ON FILE IN EDS: ☐ YES ☐ NO

FILE NAME(S) AND EXTENSIONS *(In order of appearance in document)*	NO. OF PAGES *(In file)*

NOTE: You must furnish composed, print ready files which pertain only to this order!

This work is necessary to the conduct of business of this office. I certify that sufficient funds were allotted for this obligation and are available for this purpose.

REQUESTED BY (*Name*)

BUILDING / ROOM NO.

TELEPHONE NO.

APPROVED BY *(Supervisor)*

DISTRIBUTION INFORMATION
- ☐ CALL *(Pickup)*
- ☐ DISTRIBUTE *(Inter-Office)*
- ☐ MERGE AND MAIL

IDENTIFY MAIL LIST KEY(S) OR SPECIFY FILE TYPE AND NAME IF MAIL MERGE: _____

BILLING INFORMATION

APPROPRIATION NO.

ALLOTMENT NO.

CAN NO.

SURCHARGE AUTHORIZED ☐

ARTICLES OR SERVICES	QUANTITY	COST	UNIT PRICE PER	AMOUNT
			TOTAL	

RECORD OF PICKUP / DELIVERY

RECEIVED BY _____ DATE _____

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