

SF-1

PRINTING AND BINDING REQUISITION to the Public Printer of the United States

* Required Fields

JACKET NO. (For GPO Use Only) Red Black Blue

REQUISITION NO. *

CLASSIFICATION * Classified <input type="checkbox"/> Yes <input type="checkbox"/> No SBU <input type="checkbox"/> Yes <input type="checkbox"/> No PII <input type="checkbox"/> Yes <input type="checkbox"/> No			EXEMPT FROM REQUIRED DISTRIBUTION TO FEDERAL DEPOSITORY LIBRARIES <input type="checkbox"/> Strictly for administrative or operational purposes <input type="checkbox"/> Copyright restriction <input type="checkbox"/> Not published with Federal funds			
FROM (Department or Government Establishment)			BUREAU/OFFICE			
PUBLICATION TITLE				QUALITY LEVEL	DATE PREPARED	
QUANTITY (Units of Finished Product)		FINISHED PRODUCT <input type="checkbox"/> Books/Pamphlets <input type="checkbox"/> Pads <input type="checkbox"/> Forms (Sheets) <input type="checkbox"/> CD/DVD <input type="checkbox"/> Labels <input type="checkbox"/> Envelopes <input type="checkbox"/> Sets <input type="checkbox"/> Other		<input type="checkbox"/> Rush (Premium Surcharge Authorized) <input type="checkbox"/> Open Requisition		
PREVIOUS JACKET/REQ. NO. (If Reprint)		FORM NO.		ISBN		
THIS ORDER RIDES (Department)		(Requisition No.)		(Jacket No.)		
GPO IN-HOUSE SERVICES (Prior contact required for each service—attach estimate) <input type="checkbox"/> Graphic and Multimedia Design <input type="checkbox"/> Web Services <input type="checkbox"/> Preflight <input type="checkbox"/> Other			GPO In-House Distribution Services <input type="checkbox"/> Mailing <input type="checkbox"/> Storage <input type="checkbox"/> Mailing List Maintenance		Security & Intelligent Documents <input type="checkbox"/> Secure Federal Credentials	
BILLING INFO	BILLING ADDRESS CODE (BAC) *		AGENCY LOCATION CODE (ALC)		APPROPRIATION CHARGEABLE/OBLIGATION NO.	
	PURCHASE CARD NO. (<input type="checkbox"/> Call for Purchase Card No.)		EXP. DATE	NAME AS IT APPEARS ON PURCHASE CARD		
	PHONE NO. OF CARDHOLDER		EMAIL OF PURCHASE CARDHOLDER			TREASURY ACCT. SYMBOL (TAS)
	LINE OF ACCOUNTING/DOCUMENT REFERENCE NUMBER (Info Will Appear on IPAC as Entered)					
PRE-PRESS & PROOFS	FURNISHED (Electronic media must include Form 952) <input type="checkbox"/> Files sent via FTP or Email <input type="checkbox"/> CD/DVD <input type="checkbox"/> Copy <input type="checkbox"/> Negative <input type="checkbox"/> Other Qty: _____ <input type="checkbox"/> Materials to be furnished by (date): _____					
	PROOFS <input type="checkbox"/> Content (QTY) _____ <input type="checkbox"/> Inkjet (QTY) _____ <input type="checkbox"/> High Resolution (QTY) _____ <input type="checkbox"/> Prior to Production Samples (QTY) _____ <input type="checkbox"/> Electronic Soft Proof			DAYS DEPT. WILL HOLD PROOFS _____	PRESS SHEET INSPECTION <input type="checkbox"/> No. of Hours _____ <input type="checkbox"/> Notice _____	
	DELIVER PROOFS TO (PO Box not acceptable, include contact phone number): _____					
PAPER & INK	COVER PAPER (JCP number [If Known] and Grade, Color, Finish and Basis Weight)			COVER INK(S) (Black, 4-Color Process, Pantone #)	COVER COATING TYPE	
	TEXT PAPER (JCP number [If Known] and Grade, Color, Finish and Basis Weight)			TEXT INK(S) (Black, 4-Color Process, Pantone #)	TEXT COATING TYPE	
PRESS & BINDERY	DIGITAL PRINT ACCEPTABLE <input type="checkbox"/>	PRINT <input type="checkbox"/> One Side Only <input type="checkbox"/> Head to Head <input type="checkbox"/> Head to Foot		INDICATE WHICH COVERS PRINT 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		
	EMBOSS <input type="checkbox"/> PERFORATE <input type="checkbox"/> SCORE <input type="checkbox"/> POSITION <input type="checkbox"/>	NUMBERING (Inclusive) _____ to _____		Ink (Color) _____		
	SIZE FLAT (Inches) FORMS, SETS, PADS x _____		FOLD TO (Inches) x _____	SIZE TRIMMED PAGE (Inches) BOOKS/PAMPHLETS x _____	NO. OF TEXT PAGES _____	PAPER COVERS (Self) <input type="checkbox"/> (Separate) <input type="checkbox"/>
	STITCH (Side) <input type="checkbox"/> (Saddle) <input type="checkbox"/> (ULC) <input type="checkbox"/>	PASTE ON FOLD <input type="checkbox"/>	LOOSELEAF <input type="checkbox"/>	TAPE <input type="checkbox"/>	COMB <input type="checkbox"/>	COIL <input type="checkbox"/>
	PERFECT BOUND <input type="checkbox"/>	SEW <input type="checkbox"/>	CASE BOUND (Material and Color) _____		STAMP TITLE (Bindery) _____	
PAD/SETS (Sheets in Pad) (Position) _____	SETS (Sets in Pad) (Position) _____	SETS (Sets in Set) (Position) _____	CHIPBOARD REQUIRED <input type="checkbox"/>	CARBON INTERLEAVE <input type="checkbox"/>	PUNCH/DRILL (No. of Holes) _____ (Diam.) _____ (Inches Center to Center) _____ (Position) _____	
COLLATE (Explain) _____	TAB DIVIDERS (Height of Tab) _____ Width of Cut (1/5 etc.) _____ (Position) _____			Ink (Color) _____		
PACKAGING & DELIVERY	REQUESTED DELIVERY DATE		KRAFT WRAP <input type="checkbox"/> (QTY) _____	SHRINK FILM <input type="checkbox"/> (QTY) _____	BAND IN SETS <input type="checkbox"/> (QTY) _____	
	SUITABLE <input type="checkbox"/>		OTHER PACKAGING (Specify) _____		PACK IN CARTONS <input type="checkbox"/>	
	DELIVER PRODUCT TO:			RETURN FURNISHED MATERIALS TO:		
<input type="checkbox"/> Distribution List Attached			Digital Deliverables Requested - Format: <input type="checkbox"/> Native <input type="checkbox"/> PDF			
ADDITIONAL INFORMATION	<input type="checkbox"/> Supplemental Information Attached					
	FOR ADDITIONAL INFORMATION CONTACT (Name)			TELEPHONE		
	EMAIL			FAX	ESTIMATE (For GPO Use Only) _____	
					INCLUDES FREIGHT <input type="checkbox"/> Yes <input type="checkbox"/> No	

I certify that this work is authorized by law and necessary to the conduct of the business of the above-mentioned Government.

Standard Form 1, April 2010
Title 44 of the U.S. Code Control No. 1-110

AUTHORIZING SIGNATURE (Must be on file with GPO) *

Title

PREVIOUS EDITION NOT USABLE
APD PE v4.00

FROM (Department or Government Establishment)	PUBLICATION TITLE
REQUISITION NO.	BILLING ADDRESS CODE (BAC)
ADDITIONAL INFORMATION	