

REQUISITION FOR DUPLICATING SERVICES

OPERATOR

INSTRUCTIONS: SEND FORM NIST-223 (ORIGINAL AND THREE COPIES) TO PRINTING AND DUPLICATING - COPY WILL BE RETURNED TO REQUISITIONER.

DATE SUBMITTED	DATE REQUIRED	DATE CALLED/MAILED/PICKED UP	CUSTOMER SIGNATURE
----------------	---------------	------------------------------	--------------------

CUSTOMER NAME	ORGANIZATION (xx-xx-xxxx-xx-xx-xx-xx)	TELEPHONE EXTENSION	MAIL STOP
---------------	---------------------------------------	---------------------	-----------

TITLE OF JOB

NUMBER ORIGINALS	NUMBER COPIES	CUT TO FINAL SIZE	NUMBER OF IMPRESSIONS
------------------	---------------	-------------------	-----------------------

PRINTING AND DUPLICATING GROUP

COMPOSITION <input type="checkbox"/> DISK SUPPLIED <input type="checkbox"/> CREATE COVERS <input type="checkbox"/> CREATE TEXT <input type="checkbox"/> CREATE CD LABEL <input type="checkbox"/> CREATE FILE <input type="checkbox"/> OTHER	ORIGINAL FORMAT <input type="checkbox"/> PAPER <input type="checkbox"/> DISK <input type="checkbox"/> 35 MM SLIDE <input type="checkbox"/> TRANSPARENCY <input type="checkbox"/> PHOTO <input type="checkbox"/> NETWORK (FILE NAME/LOCATION)	COPY <input type="checkbox"/> BLACK AND WHITE <input type="checkbox"/> FULL COLOR <input type="checkbox"/> 8 1/2 X 11 <input type="checkbox"/> 11 X 17 <input type="checkbox"/> ONE SIDE <input type="checkbox"/> HEAD TO HEAD <input type="checkbox"/> HEAD TO FOOT <input type="checkbox"/> OTHER	PAPER <input type="checkbox"/> TEXT <input type="checkbox"/> COVER COLOR <input type="checkbox"/> TRANSPARENCY <input type="checkbox"/> NCR PARTS <input type="checkbox"/> ENVELOPES SUPPLIED <input type="checkbox"/> CD-ROM <input type="checkbox"/> OTHER	ADDRESSING <input type="checkbox"/> STORED DISTRIBUTION <input type="checkbox"/> DISK SUPPLIED FILE NAME _____ PROCESS MAIL <input type="checkbox"/> FIRST CLASS <input type="checkbox"/> STD PRE-SORT SELF MAILER <input type="checkbox"/> FIRST CLASS <input type="checkbox"/> STD PRE-SORT GENERATE LABELS <input type="checkbox"/> CHESHIRE <input type="checkbox"/> GUMMED
--	--	--	--	---

BINDERY <input type="checkbox"/> ASSEMBLY NOT REQUIRED PAD <input type="checkbox"/> TOP <input type="checkbox"/> LEFT NUMBER SHEETS PER PAD _____ NUMBER OF PADS _____ STAPLE <input type="checkbox"/> UPPER LEFT <input type="checkbox"/> SIDE NUMBER TAPE BIND NUMBER STAPLES _____ <input type="checkbox"/> BLUE <input type="checkbox"/> BLACK <input type="checkbox"/> GRAY <input type="checkbox"/> WHITE <input type="checkbox"/> GREEN DRILL <input type="checkbox"/> TOP <input type="checkbox"/> LEFT NUMBER HOLES _____ <input type="checkbox"/> SADDLESTITCH <input type="checkbox"/> GBC BIND <input type="checkbox"/> OTHER _____	QUANTITY INTERNAL _____ DOMESTIC _____ FOREIGN _____
--	--

FOLDING REQUIREMENTS (SAMPLE REQUIRED) <input type="checkbox"/> 1/2 FOLD <input type="checkbox"/> TRI-FOLD <input type="checkbox"/> Z-FOLD <input type="checkbox"/> OTHER _____ NUMBER OF COPIES FOLDED _____	CHECK (X) ONE <input type="checkbox"/> MAIL TO CUSTOMER <input type="checkbox"/> MAILROOM/DISTRIBUTION <input type="checkbox"/> CALL (WILL PICKUP)
--	--

AUTHORIZING SIGNATURE	REQUISITION NUMBER	PROJECT-TASK (xxxxxxx-xxx)	<input type="checkbox"/> PRINTING SERVICES - DEPARTMENT OF COMMERCE
-----------------------	--------------------	----------------------------	---

SPECIAL INSTRUCTIONS