Deliver to: _____
(Trenton Only) Name Address Bldg. Floor Room No.

PB-99 (4/93)

**STATE OF NEW JERSEY**
**DEPARTMENT OF THE TREASURY**
**GSA CENTRAL SERVICES**
**PRINT SHOP**

# REQUISITION FOR INTERNAL PRINTING

DATE NEEDED | ORDERED BY: Phone: Fax: | ORDER NO.

USING AGENCY | ACCOUNT NUMBER | CONTROL NUMBER

QUANTITY | ☐ FLAT FORM NO. SHEETS _____ ☐ BOOKLET NO. PAGES _____ | DATE REC. — PRINT SHOP | USING AGENCY

TITLE OR DESCRIPTION | FORM NO. | SPECIAL INSTRUCTIONS

## SPECIFICATIONS

PAPER WEIGHT
☐ 20LB. ☐ 24LB. ☐ 60LB. ☐ OTHER _____

COLOR _____

QUALITY
☐ BOND ☐ COVER STOCK
☐ RAG BOND ☐ INDEX
☐ LEDGER ☐ OFFSET
☐ NCR ☐ HIGH SPEED
☐ OTHER ☐ RECYCLED

INK ☐ BLUE ☐ BLACK ☐ _____

IMPS. DATE COMP.

FINISHED FORM SIZE
☐ 4¼ x 5½ ☐ 8½ x 13
☐ 5½ x 8½ ☐ 8½ x 14
☐ 8½ x 11 ☐ 11 x 17
☐ OTHER

TYPE OF PLATE
☐ METAL ☐ NEW
☐ PHOTO ☐ REVISED
☐ COPIER ☐ RERUN

## PREPARATION, PRESS AND FINISH

☐ ONE SIDE ☐ COLLATE ☐ RING BINDERS
☐ TWO SIDES ☐ STAPLE ☐ NUMBER
☐ TYPESET ☐ PAD ☐ DIE CUT
☐ CUT ☐ PUNCH ☐ WRAP
☐ FOLD ☐ PERFORATE ☐ BOX
☐ ADHESIVE ☐ LAMINATE ☐ OTHER

APPROVAL OFFICER — USING AGENCY | DATE

**INSTRUCTIONS TO USER:**

A. **This form must be completed on all requests for Internal Printing.**
B. **Detach last copy for your record.**
C. **Forward 4 copies, with sample, to Approval Officer. (Please do not staple sample to Order Form.)**

For Use By Printing Control Section

| | | |
|---|---|---|
| ☐ | APPROVED | BY |
| ☐ | DISAPPROVED | |

**NOTE:** Before any manuscript is prepared for printing, a summary of the proposed manuscript or its contents, the type of printing required, that is, multi-color, binding, etc,. the distribution, the cost and other pertinent information must be submitted to the Press Secretary, Office of the Governor. Approval by the originating department must be obtained before the planned manuscript is submitted to the Press Secretary's office. Approved requests must be submitted to the Purchase Bureau with a requisition for printing.

## FOR PRINTING SECTION USE ONLY

MACHINE CODE _____ EMPLOYEE CODE _____

| DATE | FRONTS | BACKS | REMARKS | APPROVED BY | OPERATOR |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

ESTIMATE $ _____

| COPIERS/F.R. | OUTSIDE COSTS | NEGS | PLATES |
|---|---|---|---|
| | | | |

| SIZE | REAMS |
|---|---|
| | |

| HRS. | LABOR | MIN. | PAPER | IN | TYPESETTING | OUT |
|---|---|---|---|---|---|---|
| | | | | | | |

**PREPARATION**

| | AMT. | SIZE | TIME | INITIAL |
|---|---|---|---|---|
| COMP. | | | | |
| LAYOUT | | | | |
| NEGS | | | | |
| M PLATES | | | | |
| P PLATES | | | | |

**PRINTING TIME**

| START | END |
|---|---|
| | |

**BINDING**

| DATE | INITIALS | TIME |
|---|---|---|
| | | |