

Printing Requisition

U.S. Department of Housing and Urban Development Office of Administration

Do not write in the shaded areas

1. Your Correspondence Code (check your phone book)		2. Name of Contact Person		Phone No.	3. Control No.	Req. No.	P.O. No.
4. Title / Description of Job				4a. Publication / Form No.	5. Control No. when last printed	6. Requested Delivery Date	
7. Services Requested <input type="checkbox"/> Printing <input type="checkbox"/> CD-ROM <input type="checkbox"/> Binding <input type="checkbox"/> Other (explain in block 20)			8. Originals to be Returned to (name . . . & room no.)			Date Returned (initials)	
9. Copy Position <input type="checkbox"/> One Side <input type="checkbox"/> Head to Head <input type="checkbox"/> Head to Left <input type="checkbox"/> Head to Foot		10. Hole Punching <input type="checkbox"/> Acco Top <input type="checkbox"/> Acco Side <input type="checkbox"/> 3-Ring <input type="checkbox"/> Special (explain in 20)		11. Binding <input type="checkbox"/> Upper Left Staple <input type="checkbox"/> Left Side (2 staples) <input type="checkbox"/> Saddle <input type="checkbox"/> Special (explain in 20)			
12. Color of Ink(s) Text Cover		13. Type of Paper <input type="checkbox"/> Stndrd.White Text <input type="checkbox"/> Special Needs (explain in block 21) <input type="checkbox"/> Stndrd.White Cover		14. Is this a new publication or form? <input type="checkbox"/> Yes <input type="checkbox"/> No			
15. No. of Sheets per Pad (if in pads)		16. Gov't furnished material <input type="checkbox"/> Camera Copy <input type="checkbox"/> Other <input type="checkbox"/> Disk		17. Paper Size (w x h) in.			
18. No. of Pages (include blanks)		19. Approx.No. of Copies					
20. Distribution (locations / addressees / mailing codes, if any / number of copies to each)							
21. Additional Instructions / Information							
22. Chief of Staff to the Secretary Approval		23. Executive Secretary Approval		24. Public Affairs Approval		25. General Counsel Approval	
26. Deputy Secretary Approval							
27. Signature of Authorizing Official & Date				28. Organization Code (2 letters & 6 numbers)		29. Sub-Object Code (4 numbers)	
X						Estimated Cost	
						Actual Cost	
Date to Print		Scheduled Delivery Date		Actual Delivery Date		Type of Plate	
						Stock Size	
						Run X	
Date to Distribution		Sched. Completion Date		Actl. Completion Date		Number of Plates	
						Fold X	
						Trim X	
DAS Copy Date		Initial		Disposition of Job			
				<input type="checkbox"/> HUD Plant <input type="checkbox"/> Gov't Printing Office			
On-Demand Review Date		Initial		<input type="checkbox"/> Rapid Response Cntr. <input type="checkbox"/> Program _____			
		Stock Copies		<input type="checkbox"/> Contract <input type="checkbox"/> Other _____			
Distribution Review/Labels Date		Initials		Instructions: If assistance is needed to complete this form, consult the Publications Branch (PRINTING), Multimedia Division, Office of Administrative and Mgmt. Services.			
				block 2. The contact should be the person primarily responsible for this requisition and who can discuss the job and make decisions on format and schedule.			
				block 3. The control number should be used to reference this printing job.			
				block 5. The control number of the printing requisition for the previous printing of this particular item, if available.			
				block 22-26. All requests for printing exceeding \$5000.00 must be approved by offices located in boxes 22 thru 26.			
				Distribution: Original and five copies of page 1 to Printing Branch, Originating Office retain a copy			

	Additional Services Performed	Labor (hours)	Material	Remarks
Camera				
Press				
Bindery				
Distribution				
Other: (specify)				

