



**MISSOURI OFFICE OF ADMINISTRATION
STATE PRINTING CENTER**

2733 MERCHANTS DRIVE - JEFFERSON CITY, MO 65109
PHONE (573) 751-3307 FORMS MANAGEMENT (573) 751-2232

PRINTING REQUISITION

EACH PRINTING JOB MUST HAVE A SEPARATE REQUISITION		JOB NUMBER
AGENCY CODE NUMBER	AGENCY REQUISITION NO.	CONTRACT
DATE SUBMITTED 9/6/00	DATE REQUIRED	STATE FORM NUMBER MO

REQUESTOR INFORMATION

DEPARTMENT MISSOURI DEPARTMENT OF HEALTH	DIVISION	SECTION OR PROGRAM
ADDRESS		ROOM NUMBER
CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER
SIGNATURE OF AUTHORIZED DIVISION OFFICIAL		

DOES THIS DOCUMENT MAKE ANOTHER OBSOLETE? <input type="checkbox"/> NO <input type="checkbox"/> YES If "YES" →	DOCUMENT TITLE or FORM NUMBER TO BE OBSOLETE	REVISION DATE	<input type="checkbox"/> USE TO DEPLETION <input type="checkbox"/> DESTROY
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JOB SPECIFICATIONS ESTIMATE (Good for 90 days for quantity shown)

<input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> REPRINT	ESTIMATE GIVEN BY (NAME)	DATE	AMOUNT GIVEN
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DOCUMENT TITLE	NUMBER OF PAGES	QUANTITY TO BE PRINTED	FINISHED SIZE
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FULL DESCRIPTION (ORIGINAL OR SAMPLE MUST BE ATTACHED)

CONSTRUCTION AND INK NOTE: ALL publications MUST have page numbers.

<input type="checkbox"/> ONE SIDE <input type="checkbox"/> TWO SIDE <input type="checkbox"/> HEAD TO HEAD <input type="checkbox"/> TUMBLEHEAD	INK COLOR(S) <input type="checkbox"/> BLACK PMS <input type="checkbox"/> PMS <input type="checkbox"/> PMS
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PAPER TYPE AND COLOR

<input type="checkbox"/> 20 # BOND <input type="checkbox"/> 60 # OFFSET <input type="checkbox"/> CARD STOCK <input type="checkbox"/> COVER STOCK <input type="checkbox"/> OTHER	<input type="checkbox"/> COATED <input type="checkbox"/> UNCOATED
COLOR: <input type="checkbox"/> CARBONLESS	NUMBER OF PARTS: <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
COLOR SEQUENCE OF PARTS (IF NOT STANDARD)	

BINDING AND FINISHING Indicate location(s) of staple / perforation / score / fold / holes / binding

<input type="checkbox"/> PAD <input type="checkbox"/> TOP <input type="checkbox"/> SIDE <input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/> 100	<input type="checkbox"/> NUMBER <input type="checkbox"/> BLACK <input type="checkbox"/> RED STARTING ENDING	<input type="checkbox"/> STAPLE <input type="checkbox"/> SADDLE STITCH <input type="checkbox"/> SCORE <input type="checkbox"/> PERFORATE <input type="checkbox"/> FOLD FINISHED SIZE <input type="checkbox"/> DRILL NUMBER OF HOLES <input type="checkbox"/> PERFECT BINDING <input type="checkbox"/> PLASTIC BINDING COLOR	<input type="checkbox"/> ASSEMBLE FINISHED SIZE	<input type="checkbox"/> ENVELOPES <input type="checkbox"/> OTHER	<input type="checkbox"/> TABS <input type="checkbox"/> CUT TABS: <input type="checkbox"/> TABS - LAMINATED <input type="checkbox"/> HOLES-REINFORCED	<input type="checkbox"/> SHRINK WRAP PER PKG	11 X 17 8 1/2 X 5 1/2 8 1/2 X 11 8 1/2 X 14
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<input type="checkbox"/> DELIVER	DELIVER TO	LOCATION	ROOM NO.	QUANTITY
<input type="checkbox"/> WILL PICK UP -- CALL WHEN READY	DELIVER TO	LOCATION	ROOM NO.	QUANTITY
TELEPHONE NUMBER	RECEIVED BY	DATE	NUMBER OF CARTONS	

GRAPHICS <input type="checkbox"/> READY TO PRINT	FORMS MANAGEMENT APPROVAL STAMP	STATE PRINTING CENTER DATE RECEIVED STAMP	<input type="checkbox"/> KEEP MASTER, NEGATIVE &/OR PLATE <input type="checkbox"/> RETURN <input type="checkbox"/> DESTROY	DATE COMPLETED
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