

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:		ORDER NO.
USING AGENCY		ACCOUNT NUMBER		Phone:	
				Fax:	
QUANTITY		<input type="checkbox"/> FLAT FORM NO. SHEETS _____ <input type="checkbox"/> BOOKLET NO. PAGES _____		DATE REC. — PRINT SHOP	
				CONTROL NUMBER	
				USING AGENCY	
TITLE OR DESCRIPTION			FORM NO.		SPECIAL INSTRUCTIONS

SPECIFICATIONS		PREPARATION, PRESS AND FINISH					
PAPER WEIGHT <input type="checkbox"/> 20LB. <input type="checkbox"/> 24LB. <input type="checkbox"/> 60LB. <input type="checkbox"/> OTHER _____ COLOR _____ QUALITY <input type="checkbox"/> BOND <input type="checkbox"/> COVER STOCK <input type="checkbox"/> RAG BOND <input type="checkbox"/> INDEX <input type="checkbox"/> LEDGER <input type="checkbox"/> OFFSET <input type="checkbox"/> NCR <input type="checkbox"/> HIGH SPEED <input type="checkbox"/> OTHER <input type="checkbox"/> RECYCLED INK <input type="checkbox"/> BLUE <input type="checkbox"/> BLACK <input type="checkbox"/> _____ IMPS. _____ DATE COMP. _____		FINISHED FORM SIZE <input type="checkbox"/> 4 1/4 x 5 1/2 <input type="checkbox"/> 8 1/2 x 13 <input type="checkbox"/> 5 1/2 x 8 1/2 <input type="checkbox"/> 8 1/2 x 14 <input type="checkbox"/> 8 1/2 x 11 <input type="checkbox"/> 11 x 17 <input type="checkbox"/> OTHER _____ TYPE OF PLATE <input type="checkbox"/> METAL <input type="checkbox"/> NEW <input type="checkbox"/> PHOTO <input type="checkbox"/> REVISED <input type="checkbox"/> COPIER <input type="checkbox"/> RERUN		<input type="checkbox"/> ONE SIDE <input type="checkbox"/> COLLATE <input type="checkbox"/> RING BINDERS <input type="checkbox"/> TWO SIDES <input type="checkbox"/> STAPLE <input type="checkbox"/> NUMBER <input type="checkbox"/> TYPESET <input type="checkbox"/> PAD <input type="checkbox"/> DIE CUT <input type="checkbox"/> CUT <input type="checkbox"/> PUNCH <input type="checkbox"/> WRAP <input type="checkbox"/> FOLD <input type="checkbox"/> PERFORATE <input type="checkbox"/> BOX <input type="checkbox"/> ADHESIVE <input type="checkbox"/> LAMINATE <input type="checkbox"/> 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. _____ MIN. _____		PAPER _____		IN _____		TYPESETTING _____ OUT _____	

	PREPARATION				PRINTING TIME		BINDING		
	AMT.	SIZE	TIME	INITIAL	START	END	DATE	INITIALS	TIME
COMP.									
LAYOUT									
NEGS									
M PLATES									
P PLATES									