



MISSOURI OFFICE OF ADMINISTRATION
 STATE PRINTING CENTER
 4720 SCRUGGS STATION ROAD
 JEFFERSON CITY, MO 65109
 PHONE (573) 751-3307
 FAX (573) 526-7900

EACH PRINTING JOB MUST HAVE A SEPARATE REQUISITION		JOB NUMBER
SPC CUSTOMER CODE	AGENCY REQUISITION NO.	STATE FORM NUMBER MO
DATE SUBMITTED	DATE REQUIRED	DATE COMPLETED

REQUESTOR INFORMATION

DEPARTMENT	DIVISION	SECTION OR PROGRAM	ROOM NUMBER
CONTACT PERSON		ADDRESS	
TELEPHONE NUMBER	E-MAIL ADDRESS	FAX NUMBER	AUTHORIZED BY

JOB SPECIFICATIONS

PROOF NEEDED? <input type="checkbox"/>			PREVIOUS JOB NUMBER	ESTIMATE (Good for 90 days for quantity shown)	
			ESTIMATE GIVEN BY / ESTIMATE NO.	DATE	ESTIMATE AMOUNT
DOCUMENT TITLE			QTY #1	QTY #2	QTY #3
NUMBER OF PAGES	TOTAL NO. OF FINISHED PIECES	FINISHED SIZE	PRICE QTY #1	PRICE QTY #2	PRICE QTY #3

FULL DESCRIPTION (ORIGINAL OR SAMPLE MUST BE ATTACHED)

HARD COPY DISK FTP SITE VARIABLE DATA EMAIL ONEFORM OTHER

SYSTEM USED	SOFTWARE/VERSION	NO. OF SCANS	DESIGN
			<input type="checkbox"/>

CONSTRUCTION AND INK

ONE SIDE TWO SIDE TUMBLEHEAD HEAD TO HEAD

VARNISH	BLEED	COVER INK COLOR(S)	TEXT INK COLOR(S)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BLACK <input type="checkbox"/> LASER BLACK COLOR	<input type="checkbox"/> BLACK <input type="checkbox"/> LASER BLACK COLOR

PAPER SIZE, TYPE, AND COLOR

8½ x 11 20 # BOND 60 # OFFSET CARD STOCK COVER STOCK OTHER

8½ x 14 **COLOR:**

11 x 17 RECYCLED PAPER NUMBER OF CARBONLESS PARTS COLOR SEQUENCE OF PARTS (IF NOT STANDARD)

3 Hole Paper

BINDING AND FINISHING

PAD ONLY CHIPBOARD BACK 25 50 100 TOP SIDE PAD, FAN-A-PART (CARBONLESS)

TABS NUMBER ASSEMBLE DRILL NO. OF HOLES _____

ASSEMBLE HOLES - REINFORCED BLACK STARTING _____ SCORE FOIL STAMPING

CUT TABS: _____ 5TH CUT _____ SETS-QP (COLOR) ENDING _____ PERFORATE LAMINATING

TABS - LAMINATED FOLD FINISHED SIZE _____

BINDING INSERT MAILING

STAPLE UPPER LEFT TAPE BINDING-QP SLIPSHEET # OF INSERTS _____ TABBING STANDARD

STAPLE _____ COIL BINDING _____ SHRINK WRAPPING ENVELOPES ADDRESSING PERMIT NO. _____

SADDLESTITCH VELO BINDING _____ PER PKG. _____ SEALED UNSEALED LABEL

PERFECT BINDING GBC BINDING _____ CUT FINISHED SIZE _____ OTHER _____ 1ST CLASS

DELIVER TO	LOCATION	ROOM NO.	QUANTITY
TELEPHONE NUMBER	RECEIVED BY	DATE	NUMBER OF CARTONS

QUICK COPY CENTER USE ONLY

COPY CENTER			MISCELLANEOUS				DATE RECEIVED	
<input type="checkbox"/> DNR	<input type="checkbox"/> HLTH	<input type="checkbox"/> HST	<input type="checkbox"/> JB	<input type="checkbox"/> SPC				
SINGLE	NO. OF COPIES	S OR D	NO. OF COPIES	S OR D	NO. OF COPIES	CC IMPRESSIONS (COLOR)	CC IMPRESSIONS (BLACK)	TOTAL CLC CHARGE
		8 1/2 x 14		11 X 17				
DUPLX	NO. OF COPIES	NO. OF BINDINGS	BINDING CODE	HOURS GENERAL	HOURS COLLATING	CHARGE		NO. OF IMPRESSIONS
			6 0					