



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

PRINTING REQUISITION

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

ESTIMATE (Good for 90 days for quantity shown)

<input type="checkbox"/> NEW <input type="checkbox"/> REVISED	<input type="checkbox"/> EXACT REPRINT	<input type="checkbox"/> PROOF NEEDED?	PREVIOUS JOB NUMBER	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 E-MAIL FILLABLE PDF OTHER

SYSTEM USED <input type="checkbox"/> PC <input type="checkbox"/> MAC	SOFTWARE/VERSION	NO. OF SCANS	DESIGN <input type="checkbox"/>
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CONSTRUCTION AND INK

ONE SIDE TWO SIDE TUMBLEHEAD HEAD TO HEAD

VARNISH <input type="checkbox"/>	BLEED <input type="checkbox"/>	COVER INK COLOR(S) <input type="checkbox"/> BLACK <input type="checkbox"/> LASER BLACK COLOR	TEXT INK COLOR(S) <input type="checkbox"/> BLACK <input type="checkbox"/> LASER BLACK COLOR
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PAPER SIZE, TYPE, AND COLOR

8 1/2" X 11" 20 # BOND 60 # OFFSET CARD STOCK COVER STOCK OTHER COATED UNCOATED

8 1/2" X 14" 11" X 17" 3 Hole Paper

COLOR:	RECYCLED PAPER <input type="checkbox"/>	NUMBER OF CARBONLESS 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)
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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

<input type="checkbox"/> DELIVER	DELIVER TO	LOCATION	ROOM NO.	QUANTITY
<input type="checkbox"/> WILL PICK UP CALL WHEN READY	TELEPHONE NUMBER	RECEIVED BY	DATE	NUMBER OF CARTONS

QUICK COPY CENTER USE ONLY

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