



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 <b>MUST</b> HAVE A SEPARATE REQUISITION		JOB NUMBER
SPC CUSTOMER CODE	AGENCY REQUISITION NO.	STATE FORM NUMBER <b>MO</b>
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 <input type="checkbox"/> COLOR	TEXT INK COLOR(S) <input type="checkbox"/> BLACK <input type="checkbox"/> LASER BLACK <input type="checkbox"/> 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

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  
  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 \_\_\_\_\_

<input type="checkbox"/> BINDING	<input type="checkbox"/> INSERT	<input type="checkbox"/> MAILING
<input type="checkbox"/> STAPLE UPPER LEFT <input type="checkbox"/> TAPE BINDING-QP <input type="checkbox"/> SLIPSHEET <input type="checkbox"/> STAPLE _____ <input type="checkbox"/> COIL BINDING _____ <input type="checkbox"/> SHRINK WRAPPING <input type="checkbox"/> SADDLESTITCH <input type="checkbox"/> VELO BINDING _____ PER PKG. _____ <input type="checkbox"/> PERFECT BINDING <input type="checkbox"/> GBC BINDING _____ <input type="checkbox"/> CUT FINISHED SIZE _____	# OF INSERTS _____ <input type="checkbox"/> ENVELOPES <input type="checkbox"/> SEALED <input type="checkbox"/> UNSEALED <input type="checkbox"/> OTHER _____	<input type="checkbox"/> TABBING <input type="checkbox"/> STANDARD <input type="checkbox"/> ADDRESSING           PERMIT NO. _____ <input type="checkbox"/> LABEL <input type="checkbox"/> 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	