

### REQUEST FOR REPRODUCTION SERVICES

1. TO				2. DATE REQUESTED (YYYYMMDD)		3. DATE REQUIRED (YYYYMMDD)		4. REQUISITION NUMBER		5. JOB NUMBER					
6. REQUESTED BY (Name, Room Number, Organization and Extension)				7. DELIVER TO		8. DESCRIPTION OF ORIGINAL AND ADDITIONAL INSTRUCTIONS									
a. NO. ORIG.	b. SERVICES REQUIRED	c. COPIES REQ'D	d. TOTAL PROD.	a. NO. ORIG.	b. SERVICES REQUIRED	c. COPIES REQ'D	d. TOTAL PROD / UNITS	17. PRINTING INSTRUCTIONS			20. BINDING INSTRUCTIONS				
<b>PHOTO REPRODUCTION</b>				13. PHOTO / CONTINUOUS TONE				NO. COPIES		NO. PAGES		HOLES	DIAM	C TO C	POS.
9. DIAZO REPRODUCTION				<input type="checkbox"/> 105 MM <input type="checkbox"/> 35 MM				TRIM SIZE		COLOR INK		<input type="checkbox"/> LOOSE <input type="checkbox"/> SEW			
AUTO POS - PAPER				<input type="checkbox"/> 2 1/4 X 2 3/4								<input type="checkbox"/> PADS <input type="checkbox"/> GUM			
AUTO POS - MYLAR				<input type="checkbox"/> 4 X 5				<input type="checkbox"/> FACE ONLY <input type="checkbox"/> HEAD TO HEAD				<input type="checkbox"/> SETS <input type="checkbox"/> STAPLE			
BROWN LINE				OTHER				<input type="checkbox"/> HEAD TO FOOT <input type="checkbox"/> HEAD TO LEFT				NO. STAPLES		POSITION	
BLUE LINE				14. OFFSET PRINTING / DUPLICATING				<input type="checkbox"/> HEAD TO RIGHT							
BLACK LINE				ELECTRO. PLATE				18. PAPER			SHEETS IN PAD				
SEPIA PRINT				ITEK PLATE				a. WEIGHT		b. KIND		c. COLOR		SETS IN PAD	
10. PHOTO / LINE - FILM NEGATIVES / POSITIVES				METAL PLATE										SHEETS IN SET	
<input type="checkbox"/> 10 X 12 <input type="checkbox"/> 14 X 17				OTHER										21. DISPOSITION OF ORIGINALS, NEGATIVES, PLATES, ETC.	
<input type="checkbox"/> 16 X 20 <input type="checkbox"/> 20 X 24				15. FILM NEGATIVES / POSITIVES - HALFTONES											
OTHER				<input type="checkbox"/> 10 X 12 <input type="checkbox"/> 14 X 17										<input type="checkbox"/> RETAIN	
11. PHOTO / PRINTS				<input type="checkbox"/> 16 X 20 <input type="checkbox"/> 20 X 24										<input type="checkbox"/> DESTROY	
<input type="checkbox"/> 4 X 5 <input type="checkbox"/> 5 X 7				OTHER										<input type="checkbox"/> RETURN	
<input type="checkbox"/> 8 X 10 <input type="checkbox"/> 10 X 12				16. PRESS RUN				19. CERTIFICATION: I CERTIFY THAT THE SERVICES REQUESTED ARE FOR OFFICIAL GOVERNMENT USE. APPROPRIATION TO BE CHARGED			22a. DATE (YYYYMMDD)				
<input type="checkbox"/> 16 X 20				<input type="checkbox"/> 10 X 15 <input type="checkbox"/> 11 X 17										b. SIGNATURE OF CERTIFYING OFFICIAL	
OTHER				<input type="checkbox"/> 17 X 22											
12. D/C - DIST. CD B/N - BATCH NO. R/C - RECORD CD								<input type="checkbox"/> MILITARY <input type="checkbox"/> CIVIL							
23. ADDITIONAL DETAILED PRINTING REMARKS															

24. DATA CARD ENTRIES

D C	ORG CODE		B/N	R/C	FACULTY ADP WORK (VW ASSUMED)												AMOUNT FOR MANUAL DIST.				RATE CODE		USAGE				RATE CODE		USAGE										
1	4	5	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46
					0	5	4	3																															
					0	5	4	3																															
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					0	5	4	3																															
					0	5	4	3																															

ULTIMATE CHARGE ADP WORK CODE														
66	67	68	69	70	71	72	73	74	75	76	77	78	79	80

