

This form is used for Printing Request ONLY. Estimates are requested using form # DA 201.

PRINTING REQUEST

Date of Printing Request ➔ _____

- Normal Delivery
 RUSH Delivery (RUSH charge of 10% will be added)

Requested delivery date for RUSH orders ➔ _____

Customer Requisition # _____	D E L I V E R T O	Check here if job is to be delivered to the State Printing Warehouse ➔ <input type="checkbox"/>
I N V O I C E T O		A t t e n t i o n : _____

Form No. _____	Revision Date _____	Form Name _____
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	← Total amount requested	Contact Person ▶▶ _____ Phone # _____ Email Address _____
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Is this a new form? YES NO If no, indicate previous Job # ▶▶ _____

Exact Repeat
 With Revisions
 Email Address: _____
 Fax Number: _____

Proof required? YES NO Send to ▶▶ _____

Paper Size ▶▶▶▶ Letter Legal Half-sheet Other _____

Paper Color ▶▶▶▶ White Yellow Blue Green Pink Gold Other _____

-See next section for carbonless paper-

Paper Type ▶▶▶▶ Bond ▶▶ 20# 24# Index ▶▶ 90# 110# Envelopes ▶▶ #10 Regular #9 Regular #10 Window #9 Window

Carbonless *-Fill out rest of section only if requesting carbonless paper-* Other type of paper

▶▶▶▶ Number of parts: 2 3 4 5 Other _____

▶▶▶▶ Paper color sequence: (ex.: white, yellow, pink, etc...)

Page 1 _____ Page 2 _____ Page 3 _____ Page 4 _____ Page 5 _____

Ink Color ▶▶▶▶ Black Brown Blue 4 Color Process Other _____

▶▶▶▶ Front Only Front & Back ▶▶▶▶ Head to Head Head to Foot Head to Side

Hole Punch ▶▶▶▶ None 5 hole - Top 3 hole - Top 2 hole - Top
 See Attached Sample 5 hole - Left 3 hole - Left 2 hole - Left

Unit Size ▶▶▶▶ 50 100 200 250 500 Other _____

▶▶▶▶ Wrap Pad Box Other _____

Numbering ▶▶▶▶ YES NO If yes, indicate beginning # ▶▶▶▶ _____

Additional Instructions ▶▶▶▶

Folding, Stapling, Type of Binding, Miscellaneous, Etc....

Sample provided with job? YES NO E-File provided with job? YES NO

Office of State Printing not responsible for incorrect printing of job with no sample provided

↓ SEND ORDERS TO ↓
Office of State Printing
P.O. Box 94095 Capitol Station
Baton Rouge, LA 70804-9095
(225) 219-9570 • FAX (225) 219-9573

* MUST BE FILLED OUT BY CUSTOMER *	
CUSTOMER AGENCY # _____	<input type="checkbox"/> AGPS ORDER # _____ <input type="checkbox"/> Non-ISIS agency <input type="checkbox"/> Payment to be made through GFS on PV2

Signature of Approving Authority ➔ _____ Date ➔ _____