



OTS | PSS

PRODUCTION SUPPORT SERVICES

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DA 200

PRINTING REQUISITION

▼ FOR OFFICE USE ONLY ▼

JOB #: _____

PART ONE: CONTACT INFORMATION & ORDER OVERVIEW

New Job Exact Reprint Revised **Previous Job Number:** _____ **Quote Number:** _____
Requesting Agency: _____ Date: _____
Contact Person: _____ Phone: () _____
Email: _____ Purchase Order/Req. # (if applicable): _____

Is a Proof Required? No Yes **If Yes, What Type?** PDF Proof (Emailed) Laser Proof (Hard Copy) Color-Match Proof (Hard Copy)

PART TWO: INVOICE & DELIVERY INFORMATION

Invoice To:

Name: _____
Email: _____
Phone: _____

Delivery Street Address OR Customer Pick-Up

ATTN: _____ Phone: () _____

PART THREE: JOB DETAILS

Product: Book Brochure Carbonless Form Flat Printing Post Card Rack Card Other/Not Sure
Job Name: _____ Size: _____ x _____ Quantity: _____
Form No. (if applicable): _____ Revision Date: _____ **Delivery:** Approx. Timeframe: _____ or Specific Date Needed: _____

Describe your printing project. Instructions & Tips are located on page 2 (reverse). Be sure to include binding or finishing options (padding, wrapping, punching, etc).

The item(s) on this order will be entered into LaGov Inventory

PART FOUR: APPROVALS

APPROVED BY: _____ **DATE:** _____