



Simplified Purchase Agreement Work Order Form 4044

You are hereby authorized to manufacture and ship the following described product in accordance with the purchase order and specifications indicated.

* Required Fields

QUOTES DUE BY

| | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|-------------------|--|--|---------------------|--|--|--------------------|--|--|
| DEPARTMENT OR GOVERNMENT ESTABLISHMENT | | | REQ. NO. * | | | JACKET NO. * | | | SPA NO. * | | | WORK ORDER NO. * | | | | | |
| CLASSIFICATION * Classified <input type="checkbox"/> Yes <input type="checkbox"/> No | | | SBU <input type="checkbox"/> Yes <input type="checkbox"/> No | | | PII <input type="checkbox"/> Yes <input type="checkbox"/> No | | | PUBLICATION TITLE | | | DATE PREPARED | | | OBJECT CLASS | | |
| CONTRACTOR | | | | | | PURCHASE ORDER NO. * | | | STATE CODE * | | | CONTRACTOR'S CODE * | | | SHIP/DELIVERY DATE | | |

BILLING INFO
Component TAS/BETC

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|---------------------------------------|--|----------------------------|--|----------------------------------|-----------|---|-------------------------------------|------------------------|--|-------------------|-------------------------|------------------|--|-------|--|--|--|--|--|
| BILLING ADDRESS CODE (BAC) * | | | | AGENCY LOCATION CODE (ALC) | | | | APPROPRIATION CHARGEABLE/OBLIGATION NO. | | | | | | | | | | | | | |
| <input type="checkbox"/> PURCHASE CARD | PURCHASE CARD NO. (Info to appear on GPO copy only) | | | | | | EXP. DATE | | NAME AS IT APPEARS ON PURCHASE CARD | | | | PHONE NO. OF CARDHOLDER | | | | | | | | |
| TAS* Sub-level Prefix Code | | Allocation Transfer Agency Identifier | | Agency Identifier | | Beginning Period of Availability | | Ending Period of Availability | | Availability Type Code | | Main Account Code | | Sub-Account Code | | BETC* | | LINE OF ACCOUNTING/DOCUMENT REFERENCE NUMBER (Info Will Appear on IPAC as Entered) | | | |

SPECIFICATIONS

| | | | | | | | | | | | | | | | | | |
|---|--|--|--|---|--|---------------------------------|--|--|--|--|--|--------------------------------|--|--|--|--|--|
| PROOFS <input type="checkbox"/> Content (QTY) <input type="checkbox"/> Inkjet (QTY) <input type="checkbox"/> High Resolution (QTY) <input type="checkbox"/> Prior to Production Samples (QTY) <input type="checkbox"/> Electronic Soft Proof | | | | | | | | | | DAYS DEPT. WILL HOLD PROOFS | | QUALITY LEVEL | | QUANTITY (unit of finished product) | | | |
| FURNISHED ELECTRONIC MEDIA <input type="checkbox"/> Files to be sent via FTP or Email <input type="checkbox"/> CD/DVD (QTY) | | | | | | OTHER GOVT. FURNISHED MATERIALS | | | | PRESS SHEET INSPECTION <input type="checkbox"/> No. of Hours Notice | | TRIM SIZE X | | | | | |
| COVER PAPER | | | | | | COLOR OF COVER INKS | | | | COVER COATING TYPE | | PAPER COVERS (Self) (Separate) | | INDICATE WHICH COVERS PRINT 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> | | | |
| TEXT PAPER | | | | | | COLOR OF TEXT INKS | | | | TEXT COATING TYPE | | NUMBER OF TEXT PAGES | | PRINT <input type="checkbox"/> One Side Only <input type="checkbox"/> Head to Head <input type="checkbox"/> Head to Foot | | | |
| STITCH <input type="checkbox"/> ULC <input type="checkbox"/> SIDE <input type="checkbox"/> SADDLE | | | | BINDING <input type="checkbox"/> COMB <input type="checkbox"/> COIL <input type="checkbox"/> PERFECT BOUND <input type="checkbox"/> SEW <input type="checkbox"/> TAPE <input type="checkbox"/> TRIM 4 SIDES <input type="checkbox"/> OTHER | | | | | | | | | | | | | |

ADDITIONAL INFORMATION

| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Digital Print Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | <input type="checkbox"/> Supplemental Information Attached | | | |
| | | | | | | | | | | | | | |

DELIVERY

| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|---|--|--|--|--|--|
| DELIVER PRODUCT TO: <input type="checkbox"/> Distribution List Attached | | | | | | | | RETURN FURNISHED MATERIALS TO: Digital Deliverables Requested - Format: <input type="checkbox"/> Native <input type="checkbox"/> PDF | | | | | |
|--|--|--|--|--|--|--|--|---|--|--|--|--|--|

| | | | | | | | | | | | |
|--|--|--|--|------------------------------|--|--|--|------------------------------|--|--|--|
| SUPT. DOCS. NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | SUPT. DOCS. QUANTITY ORDERED | | | | SUPT. DOCS. DELIVERY ADDRESS | | | |
| CONTRACTOR TOTAL QUOTE | | | | SUPT. DOCS. COST | | | | ADDITIONAL RATE | | | |

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|-------|--|-------|--|-----------|--|-------------------------|--|---------|--|--|--|
| FOR ADDITIONAL INFORMATION CONTACT: | | | | | | EMAIL | | | | PHONE NO. | | | | FAX NO. | | | |
| AUTHORIZING SIGNATURE (must be on file with GPO) | | | | | | | | TITLE | | | | DATE SENT TO CONTRACTOR | | | | | |
| ORDER RECEIVED BY: (Agency Representative) | | | | | | | | | | | | DATE ORDER RECEIVED | | | | | |

CONTRACTOR INVOICE

| | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|------|--|--|--|
| All contractor invoices are to be FAXED to GPO at 202.512.1851. For instructions on how to prepare your bill and get paid go to https://www.gpo.gov/how-to-work-with-us/vendors/how-to-get-paid | | | | | | | | | | | | | |
| I certify that the materials/services ordered have been delivered on the date indicated above and that payment or credit has not been received. The penalty for making false statements to the Government is prescribed in 18 USC 1001. | | | | | | | | | | | | | |
| CONTRACTOR SIGNATURE | | | | | | | | | | DATE | | | |

THIS FORM MUST BE FURNISHED TO GPO UPON SUBMISSION TO CONTRACTOR.



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| PUBLICATION TITLE | | BILLING ADDRESS CODE (BAC) | | |
| CONTRACTOR | PURCHASE ORDER NO. | STATE CODE | CONTRACTOR'S CODE | |
| ADDITIONAL INFORMATION | | | | |