SF-1 PRINTING AND BINDING REQUISITION

to the Public Printer of the United States

* Required Fields

JACKET NO. (For GPO Use Only) ☐ Red ☐ Black ☐ Blue

REQUISITION NO. *
*Required for PKI

CLASSIFICATION * Classified ☐ Yes ☐ No | SBU ☐ Yes ☐ No | PII ☐ Yes ☐ No

EXEMPT FROM REQUIRED DISTRIBUTION TO FEDERAL DEPOSITORY LIBRARIES
☐ Strictly for administrative or operational purposes ☐ Copyright restriction ☐ Not published with Federal funds

FROM (Department or Government Establishment)
*Required for PKI

BUREAU/OFFICE
*Required for PKI

PUBLICATION TITLE

QUALITY LEVEL

DATE PREPARED
*Required

QUANTITY (Units of Finished Product)
*Required (see Add. Info)

FINISHED PRODUCT
☐ Books/Pamphlets ☐ Forms (Sheets) ☐ Labels ☐ Sets
☐ Pads ☐ CD/DVD ☐ Envelopes ☐ Other _____

☐ Rush (Premium Surcharge Authorized) ☐ Open Requisition

PREVIOUS JACKET/REQ. NO. (If Reprint)

FORM NO.

ISBN

IF AVAILABLE ONLINE
http://

THIS ORDER RIDES (Department) (Requisition No.) (Jacket No.)

STRAP WITH REQUISITION NO.

GPO IN-HOUSE SERVICES (Prior contact required for each service—attach estimate)
☐ Graphic and Multimedia Design ☐ Web Services ☐ Preflight ☐ Other _____

GPO In-House Distribution Services
☐ Mailing ☐ Storage ☐ Mailing List Maintenance

Security & Intelligent Documents
☐ Secure Federal Credentials

BILLING INFO

BILLING ADDRESS CODE (BAC) *
*Required

AGENCY LOCATION CODE (ALC)

APPROPRIATION CHARGEABLE/OBLIGATION NO.

PURCHASE CARD NO. (☐ Call for Purchase Card No.)

EXP. DATE

NAME AS IT APPEARS ON PURCHASE CARD

PHONE NO. OF CARDHOLDER

EMAIL OF PURCHASE CARDHOLDER

TREASURY ACCT. SYMBOL (TAS)

LINE OF ACCOUNTING/DOCUMENT REFERENCE NUMBER (Info Will Appear on IPAC as Entered)

PRE-PRESS & PROOFS

FURNISHED (Electronic media must include Form 952)
☐ Files sent via FTP or Email ☐ CD/DVD ☐ Copy ☐ Negative ☐ Other _____ Qty: _____ ☐ Materials to be furnished by (date): _____

PROOFS
☐ Content _____ (QTY) ☐ Inkjet _____ (QTY) ☐ High Resolution _____ (QTY) ☐ Prior to Production Samples _____ (QTY) ☐ Electronic Soft Proof

DAYS DEPT. WILL HOLD PROOFS _____

PRESS SHEET INSPECTION
☐ No. of Hours Notice _____

DELIVER PROOFS TO (PO Box not acceptable, include contact phone number):

PAPER & INK

COVER PAPER (JCP number [If Known] and Grade, Color, Finish and Basis Weight)

COVER INK(S) (Black, 4-Color Process, Pantone #)

COVER COATING TYPE

TEXT PAPER (JCP number [If Known] and Grade, Color, Finish and Basis Weight)

TEXT INK(S) (Black, 4-Color Process, Pantone #)

TEXT COATING TYPE

☐ List Other Paper & Ink Materials Below in Additional Information

PRESS & BINDERY

DIGITAL PRINT ACCEPTABLE ☐

PRINT ☐ One Side Only ☐ Head to Head ☐ Head to Foot

INDICATE WHICH COVERS PRINT 1 ☐ 2 ☐ 3 ☐ 4 ☐

EMBOSS ☐ PERFORATE ☐ SCORE ☐ POSITION

NUMBERING (Inclusive) _____ to _____ Ink (Color)

SIZE FLAT (Inches) FORMS, SETS, PADS X

FOLD TO (Inches) X

SIZE TRIMMED PAGE (Inches) BOOKS/PAMPHLETS X

NO. OF TEXT PAGES

PAPER COVERS (Self) ☐ (Separate) ☐

STITCH (Side) ☐ (Saddle) ☐ (ULC) ☐

PASTE ON FOLD ☐

LOOSELEAF ☐ TAPE ☐ COMB ☐ COIL ☐ PERFECT BOUND ☐ SEW ☐ CASE BOUND ☐ (Material and Color)

PAD/SETS (Position) (Sheets in Pad) (Sets in Pad) (Sheets in Set) (Chipboard Required) ☐ CARBON INTERLEAVE ☐ PUNCH/DRILL ☐ (No. of Holes) (Diam.) (Inches Center to Center) (Position)

STAMP TITLE (Bindery) Cover ☐ Spine ☐ Foil (Color) _____ Ink (Color) _____

COLLATE (Explain)

TAB DIVIDERS (Height of Tab) Width of Cut (1/5 etc.) (Position)

PACKAGING & DELIVERY

REQUESTED DELIVERY DATE
*Required for PKI

KRAFT WRAP ☐ _____ (QTY)

SHRINK FILM ☐ _____ (QTY)

BAND IN SETS ☐ _____ (QTY)

SUITABLE ☐

OTHER PACKAGING (Specify) ☐ _____ _____ (QTY)

PACK IN CARTONS ☐

DELIVER PRODUCT TO:

☐ Distribution List Attached

RETURN FURNISHED MATERIALS TO:

Digital Deliverables Requested - Format: ☐ Native ☐ PDF

ADDITIONAL INFORMATION

☐ Supplemental Information Attached

Quantity = _____ @ $150.00 per user per year
Quantity = _____ @ $150.00 per device per year
Quantity = _____ @ $350.00 per LRA per year

If questions, contact (name/phone/email) : _____

FOR ADDITIONAL INFORMATION CONTACT (Name)
*Required for PKI

TELEPHONE
*Required

☐ PRICE APPROVAL REQUIRED IF EXCEEDS $ _____

EMAIL
*Required for PKI

FAX

ESTIMATE (For GPO Use Only)

INCLUDES FREIGHT ☐ Yes ☐ No

I certify that this work is authorized by law and necessary to the conduct of the business of the above-mentioned Government establishment.

Standard Form 1, April 2010
Title 44 of the U.S. Code Control No. 1-110

AUTHORIZING SIGNATURE (Must be on file with GPO) * Title

PREVIOUS EDITION NOT USABLE

SF-1

PRINTING AND BINDING REQUISITION
to the Public Printer of the United States

Supplemental Instructions PAGE 2

FROM (Department or Government Establishment)	PUBLICATION TITLE
*Required for PKI	
REQUISITION NO.	BILLING ADDRESS CODE (BAC)
*Required for PKI	*Required

ADDITIONAL INFORMATION

Names of Requested Users to receive PKI Certificates (If available)