

BID REQUEST

Please submit a print job sample.

Title or Description of Material			Date Ordered	Date Required	<input type="checkbox"/> Proof Needed (see below)
Department	Division	Bureau	Agency Code	PCA/INDEX Codes	
Number of Originals	Number of Each Wanted	Electronic Transfer (Specify File Name)			

PAPER TYPE AND COLOR	DO NOT WRITE IN THIS SECTION																																								
<input type="checkbox"/> 20 lb. Bond <input type="checkbox"/> White <input type="checkbox"/> Color _____ <input type="checkbox"/> Color Copier <input type="checkbox"/> Stocks Required	<table border="1"> <tr><td>Total Copies</td><td></td></tr> <tr><td>Color Copies</td><td></td></tr> <tr><td>Pastel</td><td></td></tr> <tr><td>Cost per Copy</td><td></td></tr> <tr><td>Stock</td><td></td></tr> <tr><td>Tabs</td><td></td></tr> <tr><td>Covers</td><td></td></tr> <tr><td>Dividers</td><td></td></tr> <tr><td>Fold</td><td></td></tr> <tr><td>Staple (x)</td><td></td></tr> <tr><td>Binding</td><td></td></tr> <tr><td>Laminate</td><td></td></tr> <tr><td>Drill Holes</td><td></td></tr> <tr><td>Cut</td><td></td></tr> <tr><td>Pad</td><td></td></tr> <tr><td>Handwork</td><td></td></tr> <tr><td>Outsource Fee</td><td></td></tr> <tr><td>Other</td><td></td></tr> <tr><td>TOTAL</td><td></td></tr> <tr><td>Invoiced</td><td></td></tr> </table>	Total Copies		Color Copies		Pastel		Cost per Copy		Stock		Tabs		Covers		Dividers		Fold		Staple (x)		Binding		Laminate		Drill Holes		Cut		Pad		Handwork		Outsource Fee		Other		TOTAL		Invoiced	
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<input type="checkbox"/> Cover Stock <input type="checkbox"/> White <input type="checkbox"/> Color <input type="checkbox"/> Clear Vinyl																																									
CHECK ALL ITEMS APPLICABLE TO THIS JOB																																									
<input type="checkbox"/> One Side <input type="checkbox"/> Two Side <input type="checkbox"/> Front & Back <input type="checkbox"/> Tumble <input type="checkbox"/> Assemble/Collate <input type="checkbox"/> Fold <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/3 <input type="checkbox"/> Proof Needed (Delivery date will be set upon approval of proof.) Submit Proof to: _____ Phone # _____																																									
<input type="checkbox"/> Staple <input type="checkbox"/> Upper Left <input type="checkbox"/> Saddle <input type="checkbox"/> Two on Left Side <input type="checkbox"/> Binding <input type="checkbox"/> Spiral _____ mm <input type="checkbox"/> Wiro _____ mm <input type="checkbox"/> GBC _____ mm <input type="checkbox"/> Laminate																																									
<input type="checkbox"/> Drill Holes <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Top <input type="checkbox"/> Bottom <input type="checkbox"/> Other _____ <input type="checkbox"/> Cut <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Other _____ <input type="checkbox"/> Pad (____sht/pad)																																									
SPECIAL INSTRUCTIONS																																									
<input type="checkbox"/> Return Originals <input type="checkbox"/> Other <div style="border: 1px solid black; width: 150px; height: 40px; display: inline-block;"></div> <input type="checkbox"/> Preprinted Cover Supplied <input type="checkbox"/> Books to be Perfect Bound																																									
SPECIAL DELIVERY NEEDS																																									
<div style="border: 1px solid black; width: 550px; height: 100px;"></div>																																									

APPROVED FOR REPRODUCTION			
Ordered By (Please Print)	Phone #	Signature	Other Authorized Signature (if required)

PREPARED BY	PRINT AS BID
DATE	JOB NUMBER