



FORMS PRINTING SPECIFICATIONS

Requisition No.	Record No
Date prepared	

GENERAL DESCRIPTION

Title

Demande d'Allocation ou d'Allocation au survivant

Form No. ISP-3008F	Dated 2016-05-02	Stock Number	U I 50	Quantity			
<input checked="" type="checkbox"/> Flat	<input type="checkbox"/> Set	<input type="checkbox"/> Continuous	<input type="checkbox"/> Tab card	<input type="checkbox"/> Tag	<input type="checkbox"/> Label	<input type="checkbox"/> Sales book	Other

MATERIAL - (Paper, card stock, carbon etc.)

Dimensions	Trim size	Wide	X	High	Stub size	Tear out	Wide	X	High
	8.5"			11"					

PAPER (State grade, type, colour, basis weight and reference to applicable CGSB standard.)

20lb white paper, Black ink
- 4 page booklet
- Flat size 17" x 11"
- Folded size - 8.5" x 11"
- Print 2 sides, Head to Head

Carbons	Recessed	Protruding	
<input type="checkbox"/> Black <input type="checkbox"/> Blue Other	Inches	Inches	
Narrow	Uncarbonized	Write test requested?	No. of sets
<input type="checkbox"/> Right <input type="checkbox"/> Left Inches	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Top <input type="checkbox"/> Bottom	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PRINTING - (As specified in the attached copy)

<input type="checkbox"/> One side	<input checked="" type="checkbox"/> Head to head	<input type="checkbox"/> Tumble	<input type="checkbox"/> Head to side	Ink colour	Proofs requested (No. & type)
				Black	1
Serial numbers	Ink colour	Crash	Individual parts		
From To		<input type="checkbox"/> Crash <input type="checkbox"/> Individual parts			
Size of margins	Front: Top Left	Back: Top Left			

CONSTRUCTION

Perforate	Collate/Gather					
Punching	Top Bottom Right Left	No. of holes	Diameter	C-C	<input type="checkbox"/> Round	Other
Binding	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Wire Sew Side Score Saddle Fold Crimplock	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Pad in	Band in	
Stub	<input type="checkbox"/> Rigid <input type="checkbox"/> Flexible <input type="checkbox"/> Controlled glue line <input type="checkbox"/> Fugitive glue	Position				

PACKAGING - EMBALLAGE

<input checked="" type="checkbox"/> Wrap	<input type="checkbox"/> Box	<input type="checkbox"/> Bag	Pads	50	Sets	Sheets	Packages
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FORM WILL BE COMPLETED BY

<input checked="" type="checkbox"/> Hand	<input type="checkbox"/> Typewriter	<input type="checkbox"/>
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ENTER ADDITIONAL INFORMATION ON A SEPARATE SHEET	Prepared by	Approved by
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