



FORMS PRINTING SPECIFICATIONS

| | |
|------------------------------------|-----------|
| Requisition No. | Record No |
| Date prepared 2017-01-17 | |

GENERAL DESCRIPTION

Title

Return Envelope (Timmins)

| | | | | |
|-------------------------|---------------------|--------------|-----|----------|
| Form No. SC ISP-8036 | Dated 2017-01-17 | Stock Number | U I | Quantity |
|-------------------------|---------------------|--------------|-----|----------|

| | | | | | | | |
|-------------------------------|------------------------------|-------------------------------------|-----------------------------------|------------------------------|--------------------------------|-------------------------------------|-------------------|
| <input 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 Envelope |
|-------------------------------|------------------------------|-------------------------------------|-----------------------------------|------------------------------|--------------------------------|-------------------------------------|-------------------|

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

| | | | | | | | |
|------------|--------------------|--------------|------|-----------|----------|--------|------|
| Dimensions | Trim size 8.75" | Wide X 5" | High | Stub size | Tear out | Wide X | High |
|------------|--------------------|--------------|------|-----------|----------|--------|------|

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

24 LB Natural Kraft
Prints on face, back and flap
Side seams outside
Full glue Commercial flap

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

PRINTING - (As specified in the attached copy)

| | | | | | | |
|-----------------------------------|---------------------------------------|---------------------------------|--|---------------------|------------------------------------|------|
| <input type="checkbox"/> One side | <input type="checkbox"/> Head to head | <input type="checkbox"/> Tumble | <input type="checkbox"/> Head to side | Ink colour Black | Proofs requested (No. & type) 1 | |
| Serial numbers From | To | Ink colour | <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 | 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 type="checkbox"/> Wrap | <input checked="" type="checkbox"/> Box | <input type="checkbox"/> Bag | Pads | 500 | Sets | Sheets | Packages |
|-------------------------------|---|------------------------------|------|-----|------|--------|----------|

FORM WILL BE COMPLETED BY

| | | |
|-------------------------------|-------------------------------------|--------------------------|
| <input type="checkbox"/> Hand | <input type="checkbox"/> Typewriter | <input type="checkbox"/> |
|-------------------------------|-------------------------------------|--------------------------|

| | | |
|--|----------------------------------|-------------|
| ENTER ADDITIONAL INFORMATION ON PAGE 2 | Prepared by Tiffany Ladouceur | Approved by |
|--|----------------------------------|-------------|

ADDITIONAL INFORMATION