



# FORMS PRINTING SPECIFICATIONS

|                 |           |
|-----------------|-----------|
| Requisition No. | Record No |
| Date prepared   |           |

## GENERAL DESCRIPTION

Title

|                               |                              |                                     |                                   |                              |                                |                                     |       |
|-------------------------------|------------------------------|-------------------------------------|-----------------------------------|------------------------------|--------------------------------|-------------------------------------|-------|
| Form No.                      | Dated                        | 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 |

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

|  |           |      |   |      |           |          |      |   |      |
|--|-----------|------|---|------|-----------|----------|------|---|------|
| Dimensions   | Trim size | Wide | X | High | Stub size | Tear out | Wide | X | High |
| PAPER (State grade, type, colour, basis weight and reference to applicable CGSB standard.) |           |      |   |      |           |          |      |   |      |

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

## 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                                | Proofs requested (No. & type) |      |
| Serial numbers                    | To                                    | Ink colour                      | <input type="checkbox"/> Crash        | <input type="checkbox"/> Individual parts |                               |      |
| From                              |                                       |                                 |                                       |   |                               |      |
| 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                    |                          |                          |        |         |
|                | <input type="checkbox"/>       | <input type="checkbox"/>          | <input type="checkbox"/>                      | <input type="checkbox"/>               |                          |                          |                          |                                |                          |                          |                          |        |         |
| Binding        | <input type="checkbox"/>       | <input type="checkbox"/>          | <input type="checkbox"/>                      | <input type="checkbox"/>               | Wire                     | Sew                      | Side                     | Score                          | Saddle                   | Fold                     | Crimplock                | Pad in | Band in |
|                |                                |                                   |   |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |         |
| 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 type="checkbox"/> Box | <input type="checkbox"/> Bag | Pads | 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

Approved by

ADDITIONAL INFORMATION