



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"/>	<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