



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