



FORMS PRINTING SPECIFICATIONS

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

GENERAL DESCRIPTION

Title

INFORMATION SHEET FOR THE ALLOWANCE (kit)

| | | | | |
|--|---------------------|--------------|-----|----------|
| Form No. SC ISP-3008AE | Dated 2016-05-02 | Stock Number | U I | 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 8.5" | High 11" | Stub size | Tear out | Wide X | High |
|------------|-----------|----------------|-------------|-----------|----------|--------|------|

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? |
| <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 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 | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | <input type="checkbox"/> | | | | | |
| Binding | <input type="checkbox"/> Wire | <input type="checkbox"/> Sew | <input type="checkbox"/> Side | <input type="checkbox"/> Score | <input type="checkbox"/> Saddle | <input type="checkbox"/> Fold | <input type="checkbox"/> Crimplock | <input type="checkbox"/> Pad in | <input type="checkbox"/> 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"/> | |

Stub

Rigid Flexible Controlled glue line Fugitive glue

Position

PACKAGING - EMBALLAGE

| | | | | | | |
|--|------------------------------|------------------------------|------|---------|--------|----------|
| <input checked="" type="checkbox"/> Wrap | <input type="checkbox"/> Box | <input type="checkbox"/> Bag | Pads | 50 Sets | Sheets | Packages |
|--|------------------------------|------------------------------|------|---------|--------|----------|

FORM WILL BE COMPLETED BY

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

ENTER ADDITIONAL INFORMATION ON A SEPARATE SHEET

Prepared by

Approved by