

**INSTRUCTIONS**

Be sure to check all boxes related to job shipping information

- One order per requisition
- Provide samples if available

**DATE DUE MUST BE SPECIFIED** (normally 5-7 working days)

The materials are mailed to Central Printing, CD or zip disk and hard copy must be provided

- If sending files electronically, please detach this requisition and save to your drive. Rename it to identify the print job you are requisitioning. (example: Agency Hr Brochure)

- This form may be filled out electronically then emailed as an attachment along with print files. You may also print this out and submit with your disc or CD.

• Submit files electronically to:  
**das.printshop@ct.gov**

or mail/deliver to:  
**DAS CENTRAL PRINTING**  
18-20 Trinity Street  
Hartford, CT 06106  
860-566-4718 FAX: 860-566-8223

<b>JOB NUMBER</b>	
<b>DATE RECEIVED</b>	<b>RUSH</b>

**Proof Required! Approved**  
 **Proof Not Required/Approved**

# DAS CENTRAL PRINTING

# JOB REQUISITION

**Must be filled out by requisitioner (shaded areas are for Central Printing use only)**

FROM (Contact Person)		PHONE	AGENCY/DIV/DEPT.	AGENCY#
ADDRESS			AUTHORIZED SIGNATURE (if required)	
TITLE/DESCRIPTION			DELIVERY INSTRUCTIONS <input type="checkbox"/> DELIVER WHEN READY (FILL OUT SECTION BELOW) <input type="checkbox"/> CALL WHEN READY (CUSTOMER PICKUP)	
NO. OF ORIGINAL PAGES	COPIES OF EACH	CHARGE/REF#	DATE	DATE DUE (NOT ASAP)
			METER READ BEFORE	AFTER

JOB SPECIFICATIONS			FINISHING AND BINDERY		
<b>SIZE</b> <input type="checkbox"/> 8.5 X 11 <input type="checkbox"/> 8 1/2 X 5 1/2 <input type="checkbox"/> 12 X 18 <input type="checkbox"/> 8.5 X 14 <input type="checkbox"/> 11 X 17 <input type="checkbox"/> OTHER _____			<input type="checkbox"/> COLLATE (SAMPLES PROVIDED)    TIME _____		
<b>INK</b> <input type="checkbox"/> BLACK <input type="checkbox"/> 4-COLOR <input type="checkbox"/> PMS _____ <input type="checkbox"/> VARNISH <input type="checkbox"/> PMS _____			<input type="checkbox"/> STAPLING <input type="checkbox"/> TWO ON LEFT SIDE    TIME _____ <input type="checkbox"/> ONE/UPPER LEFT/RIGHT <input type="checkbox"/> BOOKLET		
<b>PAPER</b> <input type="checkbox"/> BOND <input type="checkbox"/> COVER <input type="checkbox"/> TABS <input type="checkbox"/> COATED TEXT <input type="checkbox"/> COATED COVER <input type="checkbox"/> COLOR _____ <input type="checkbox"/> COLOR _____    #BANKS _____ <input type="checkbox"/> ENVELOPE SIZE _____ <input type="checkbox"/> OTHER _____			<input type="checkbox"/> HOLE PUNCHING <input type="checkbox"/> 2-HOLE <input type="checkbox"/> 3-HOLE <input type="checkbox"/> OTHER (sample) _____ <input type="checkbox"/> GBC COMB BIND <input type="checkbox"/> BLACK <input type="checkbox"/> OTHER _____ <input type="checkbox"/> SPIRAL BIND <input type="checkbox"/> BLACK <input type="checkbox"/> OTHER _____ <input type="checkbox"/> TAPE BIND <input type="checkbox"/> BLACK <input type="checkbox"/> OTHER _____    TIME _____		
<b>CARBONLESS</b> <input type="checkbox"/> 2 PART <input type="checkbox"/> 4 PART <input type="checkbox"/> HEAD GLUE <input type="checkbox"/> 3 PART <input type="checkbox"/> EDGE GLUE			<input type="checkbox"/> PADDING <input type="checkbox"/> 50 PER PAD <input type="checkbox"/> TOP    TOTAL # PADS _____ <input type="checkbox"/> 100 PER PAD <input type="checkbox"/> LEFT		
<b>PRINT/COPY</b> <input type="checkbox"/> ONE-SIDED <input type="checkbox"/> HEAD TO HEAD <input type="checkbox"/> WORK AND TURN <input type="checkbox"/> TWO-SIDED <input type="checkbox"/> HEAD TO FOOT <input type="checkbox"/> WORK AND TUMBLE			<input type="checkbox"/> FOLD <input type="checkbox"/> HALF <input type="checkbox"/> OTHER <input type="checkbox"/> TAB    TIME _____ <input type="checkbox"/> LETTER		
<input type="checkbox"/> COLOR COPIES <input type="checkbox"/> 8.5 X 11 <input type="checkbox"/> OTHER <input type="checkbox"/> TEXT <input type="checkbox"/> 8.5 X 14 <input type="checkbox"/> ONE SIDED <input type="checkbox"/> COVER <input type="checkbox"/> 11 X 17 <input type="checkbox"/> TWO-SIDED <input type="checkbox"/> _____			<input type="checkbox"/> SHRINKWRAP    # PER PACKAGE _____    # OF PACKAGES _____ <input type="checkbox"/> MAIL <input type="checkbox"/> DISK/EMAIL <input type="checkbox"/> LABELS    TIME _____		

<b>SPECIAL INSTRUCTIONS</b>	
OPERATOR	DATE COMPLETED
<b>SHIP TO:</b>	
RECEIVER SIGNATURE:	

<b>FOR CENTRAL PRINTING USE ONLY</b>	
# ONE-SIDED _____	# TWO-SIDED _____
#COVER (S) _____	
HAND LABOR _____	
THIS JOB HAS BEEN ESTIMATED AT \$ _____	
PRINT COST	MAIL COST
DATE DELIVERED	<b>TOTAL COST</b>
QUANTITY DELIVERED	