



# PRINTING REQUEST

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
 FISCAL ADMINISTRATION  
 SFN 42 (11-2016)

Date	Request Number
Date Required	Date Completed

Department Number	Division	Cost Center Number	Unit
Description/Title		Document/Form Number	
Division Director/Designee Signature		Forms/Printing Coordinator Signature	

## PRINTING INFORMATION

Complete the printing information below. If you are unable to complete some information, contact Office Services at 328-4063 for assistance.

<b>QUANTITY:</b> <table border="1"> <thead> <tr> <th></th> <th>Number of Originals</th> <th>Number of Copies</th> </tr> </thead> <tbody> <tr> <td>Text</td> <td></td> <td></td> </tr> <tr> <td>Front Cover</td> <td></td> <td></td> </tr> <tr> <td>Back Cover</td> <td></td> <td></td> </tr> </tbody> </table>		Number of Originals	Number of Copies	Text			Front Cover			Back Cover			<b>FOLD:</b> <input type="checkbox"/> Half <input type="checkbox"/> S-Fold <input type="checkbox"/> Letter Fold <input type="checkbox"/> _____ <b>STAPLE:</b> <input type="checkbox"/> Corner <input type="checkbox"/> Side <input type="checkbox"/> Saddle <input type="checkbox"/> Brass Fastener	<b>DISTRIBUTION</b>			
		Number of Originals	Number of Copies														
Text																	
Front Cover																	
Back Cover																	
<b>PAPER:</b> <table border="1"> <thead> <tr> <th></th> <th>Text</th> <th>Cover</th> </tr> </thead> <tbody> <tr> <td>Size</td> <td></td> <td></td> </tr> <tr> <td>Weight</td> <td></td> <td></td> </tr> <tr> <td>Stock</td> <td></td> <td></td> </tr> <tr> <td>Color</td> <td></td> <td></td> </tr> </tbody> </table>		Text	Cover	Size			Weight			Stock			Color			Deliver To _____  Special Distribution (Describe or Attach) _____  Special Instructions _____	
	Text	Cover															
Size																	
Weight																	
Stock																	
Color																	
<b>FORMAT:</b> <input type="checkbox"/> One Side Only <input type="checkbox"/> Two Sided <input type="checkbox"/> Book Style <input type="checkbox"/> Head to Toe	<b>BIND:</b> <input type="checkbox"/> Spiral/E-Z Coil <input type="checkbox"/> Comb <input type="checkbox"/> Tape  <input type="checkbox"/> COLLATING - Sheets per Set: _____ <input type="checkbox"/> DRILLING <input type="checkbox"/> Top - No.: _____ Size: _____ <input type="checkbox"/> Side - No.: _____ Size: _____ <input type="checkbox"/> PADDING - Sheets per Pad: _____ <input type="checkbox"/> CUTTING - Finished Size: _____ <input type="checkbox"/> PERFORATING <input type="checkbox"/> NUMBERING - Start: _____ Finish: _____	Has the original been revised? <input type="checkbox"/> Yes <input type="checkbox"/> No															
<b>ENVELOPES:</b> <table border="1"> <thead> <tr> <th>Quantity</th> <th>Ink Color(s)</th> <th>Type</th> <th>Size</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td><input type="checkbox"/> Regular <input type="checkbox"/> Window</td> <td><input type="checkbox"/> 9 x 12 <input type="checkbox"/> 6 x 9 1/2 <input type="checkbox"/> #10 <input type="checkbox"/> #9 <input type="checkbox"/> Privacy Tint</td> </tr> </tbody> </table>				Quantity	Ink Color(s)	Type	Size			<input type="checkbox"/> Regular <input type="checkbox"/> Window	<input type="checkbox"/> 9 x 12 <input type="checkbox"/> 6 x 9 1/2 <input type="checkbox"/> #10 <input type="checkbox"/> #9 <input type="checkbox"/> Privacy Tint						
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## TO BE COMPLETED BY OFFICE SERVICES ONLY

Your Print Request has been received and is recorded to be printed by: <input type="checkbox"/> Office Services <input type="checkbox"/> Central Duplicating Services <input type="checkbox"/> Commercial Printer	<b>PRINTING RECORD</b>	
	Date Printed	Comments
	Quantity	
Cost		