



PRINTING REQUEST

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

FISCAL ADMINISTRATION

SFN 42 (10-2020)

	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.

QUANTITY:	Number of Originals	Number of Copies	FOLD: <input type="checkbox"/> Half <input type="checkbox"/> S-Fold <input type="checkbox"/> Letter Fold <input type="checkbox"/> _____	DISTRIBUTION
Text			STAPLE: <input type="checkbox"/> Corner <input type="checkbox"/> Side <input type="checkbox"/> Saddle <input type="checkbox"/> Brass Fastener	Deliver To
Front Cover				Special Distribution (Describe or Attach)
Back Cover				
PAPER:	Text	Cover	BIND: <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: _____	Special Instructions
Size				
Weight				
Stock				
Color				
FORMAT:				
<input type="checkbox"/> One Side Only				
<input type="checkbox"/> Two Sided				
<input type="checkbox"/> Book Style				
<input type="checkbox"/> Head to Toe				
INK:				
<input type="checkbox"/> Blue				
<input type="checkbox"/> Black				
<input type="checkbox"/> _____				
<input type="checkbox"/> _____				
ENVELOPES:				
Quantity	Ink Color(s)	Type <input type="checkbox"/> Regular <input type="checkbox"/> Window	Size <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

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	PRINTING RECORD
	Date Printed
	Quantity
	Cost
	Comments