



PRINTING REQUEST

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL ADMINISTRATION
SFN 42 (10-2024)

		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:		DISTRIBUTION	
Text							<input type="checkbox"/> Half		Deliver To	
Front Cover							<input type="checkbox"/> S-Fold		Special Distribution (Describe or Attach)	
Back Cover							<input type="checkbox"/> Letter Fold			
							<input type="checkbox"/> _____			
PAPER:			Text		Cover		STAPLE:		Special Instructions	
Size							<input type="checkbox"/> Corner			
Weight							<input type="checkbox"/> Side			
Stock							<input type="checkbox"/> Saddle			
Color							<input type="checkbox"/> Brass Fastener			
FORMAT:							BIND:			
<input type="checkbox"/> One Side Only							<input type="checkbox"/> Spiral/E-Z Coil			
<input type="checkbox"/> Two Sided							<input type="checkbox"/> Comb			
<input type="checkbox"/> Book Style							<input type="checkbox"/> Tape			
<input type="checkbox"/> Head to Toe							<input type="checkbox"/> COLLATING - Sheets per Set: _____			
INK:							<input type="checkbox"/> DRILLING			
<input type="checkbox"/> Blue							<input type="checkbox"/> Top - No.: _____ Size: _____			
<input type="checkbox"/> Black							<input type="checkbox"/> Side - No.: _____ Size: _____			
<input type="checkbox"/> _____							<input type="checkbox"/> PADDING - Sheets per Pad: _____			
<input type="checkbox"/> _____							<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	
ENVELOPES:										
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		

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	Comments
	Quantity	
	Cost	