



COMPOSING SERVICES REQUEST
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL ADMINISTRATION
SFN 44 (10-2024)

Office Services Use Only

Job Number	Date Received
Form Number	Date Completed

INSTRUCTIONS: To request Composing or Design Services complete Step 1 and return to Fiscal Administration/Office Services.

STEP 1 - COMPOSING INFORMATION

Division		Date	Cost Center Number
Originating Unit		Contact Person(s)	Telephone Number
Prepare Production On: <input type="checkbox"/> 8 1/2 x 11 (Letter Size) Paper <input type="checkbox"/> 8 1/2 x 14 (Legal Size) Paper <input type="checkbox"/> 11 x 17 <input type="checkbox"/> Other	Check All That Apply: <input type="checkbox"/> Composition <input type="checkbox"/> PDF <input type="checkbox"/> Fillable <input type="checkbox"/> E-Forms <input type="checkbox"/> Internal <input type="checkbox"/> External <input type="checkbox"/> Both	Description/SFN Special Instructions	
Date Proof Required		Date Distribution Required	Proposal to Publish Number (if required)

STEP 2 - PROOFING: Originating Unit is responsible for proofing material, either by hard copy or electronic file sent to the originator listed above. If proofing hard copy complete box below and return to Fiscal Administrator/Office Services.

1.	<table><tr><td>Date Sent for Proofing</td><td><input type="checkbox"/> Hard Copy <input type="checkbox"/> Electronic Copy</td></tr><tr><td colspan="2"><input type="checkbox"/> Approved as Composed <input type="checkbox"/> Make Corrections Marked in Red</td></tr><tr><td>Signed</td><td>Date</td></tr></table>	Date Sent for Proofing	<input type="checkbox"/> Hard Copy <input type="checkbox"/> Electronic Copy	<input type="checkbox"/> Approved as Composed <input type="checkbox"/> Make Corrections Marked in Red		Signed	Date	2.	<table><tr><td>Date Sent for Proofing</td><td><input type="checkbox"/> Hard Copy <input type="checkbox"/> Electronic Copy</td></tr><tr><td colspan="2"><input type="checkbox"/> Approved as Composed <input type="checkbox"/> Make Corrections Marked in Red</td></tr><tr><td>Signed</td><td>Date</td></tr></table>	Date Sent for Proofing	<input type="checkbox"/> Hard Copy <input type="checkbox"/> Electronic Copy	<input type="checkbox"/> Approved as Composed <input type="checkbox"/> Make Corrections Marked in Red		Signed	Date
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Original hard copy will be retained on file.

DISTRIBUTION: Originator and Fiscal Administration