

REQUEST FOR PRINTING
 STATE OF NORTH DAKOTA
 SFN 2490 (Rev. 04-2005) Phone 328-2772

Submitted To:
 Docutech

Instructions: Agency is required to complete top section and Section A. CDS staff will complete Section B. Provide sample copy if possible.

Authorized Agency Signature

Dept. No.	Department Name	Division	Project	Person or alternate to contact if more information is needed:	Phone	Order Number -
Item Title/Include State Form Number on Forms			Date Required			Date Completed

SECTION A		Completed Project Will Have		PRINTING INFORMATION							
	Total Number of Originals	No. Sheets Printed 1-Sided	No. Sheets Printed 2-Sided	Number of Copies or Sets	Paper Size	Finished Size	Paper Weight	Paper Stock	Paper Color	Ink Color	
Text											
Index Tabs											
Inserts											
Front Cover											
Back Cover											
Fold	Staple	Drill		Special Finishing			<input type="checkbox"/> Shrink Wrap ____ Sheets Per Pkg			<input type="checkbox"/> Slip Sheet every <input type="checkbox"/> Mail Tabs <input type="checkbox"/> Labeling <input type="checkbox"/> Perforate/score ____ per sheet <input type="checkbox"/> Rubberband ____ pkg	
<input type="checkbox"/> Half <input type="checkbox"/> S-Fold <input type="checkbox"/> Letter <input type="checkbox"/> Other	<input type="checkbox"/> Corner <input type="checkbox"/> Side <input type="checkbox"/> Saddle <input type="checkbox"/> Landscape <input type="checkbox"/> Other	# Holes <input type="checkbox"/> Top _____ <input type="checkbox"/> Side _____		<input type="checkbox"/> Plastic Comb <input type="checkbox"/> Tape <input type="checkbox"/> EZ Coil <input type="checkbox"/> Glue Special Order Colors Available			<input type="checkbox"/> Collate ____ Sheets Per Set <input type="checkbox"/> Pad ____ Sheets Per Pad <input type="checkbox"/> Cut to _____ Finished Size				<input type="checkbox"/> Head to Toe <input type="checkbox"/> Head to Head <input type="checkbox"/> Front to Back
<input type="checkbox"/> Vendor Pickup Required Phone No. _____											
Envelopes	Total Number of Originals	1-Sided	2-Sided	Qty.	Ink Color(s)		<input type="checkbox"/> Regular <input type="checkbox"/> Window <input type="checkbox"/> #10 <input type="checkbox"/> #9 <input type="checkbox"/> Privacy Tint			Numbering <input type="checkbox"/> Black Ink <input type="checkbox"/> Red Ink	

SECTION B		BILLING INVENTORY RECORD					
Date	Inventory Number	Quantity			Empl	Start #	End #
		Billable	Overrun	Total			

<input type="checkbox"/>	Check here if this publication is to be distributed outside your agency; the required eight copies will be deposited with the State Library.
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Graphics and Artwork to be returned to: _____

Special Instructions: (If possible, please provide sample)

Billing Address

Shipping/Delivery Address

CSD Distributed 8 copies to the State Library.

Initial