



Printing Requisition
 Office of the Queen's Printer
 Document Publishing Centre
 Email: dpcentre@gov.pe.ca

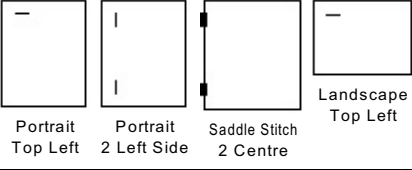
Internal Use Only
 Avanti#

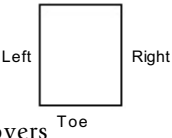
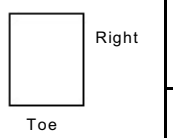
Department	FIS SECTION CODE	Proof Required <input type="checkbox"/> Yes <input type="checkbox"/> No	REQUISITION NO.
CONTACT PERSON (Please Print)		Tel:	If YES above, send proof to:
Date Submitted ___/___/___ mo dy yr	Date Required ___/___/___ mo dy yr	Time Required am / pm	AUTHORIZATION SIGNATURE REQUIRED

Item Name/Description	SHIPPING INSTRUCTIONS → <input type="checkbox"/> Pick-up <input type="checkbox"/> Delivery <i>Shipping Details:</i> <i>Required: Office Location</i>
Quantity Required	<input type="checkbox"/> 1-sided <input type="checkbox"/> letter <input type="checkbox"/> 2-sided <input type="checkbox"/> legal <input type="checkbox"/> special size (specify) _____ <input type="checkbox"/> Black Print <input type="checkbox"/> Colour Print

Paper Stock <input type="checkbox"/> 20 lb basic <input type="checkbox"/> 60 lb <input type="checkbox"/> cover stock <input type="checkbox"/> other special	Special Instructions
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Paper Colour	File Information <input type="checkbox"/> File to come from Creative Services <input type="checkbox"/> File emailed to dpcentre@gov.pe.ca
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Binding/Finishing	
Collate and staple- circle one  Portrait Top Left Portrait 2 Left Side Saddle Stitch 2 Centre Landscape Top Left	Indicate other: _____ _____ _____ _____
Book Binding - circle one thermal tape → <input type="checkbox"/> black other _____ cerlox bind → <input type="checkbox"/> black Size _____ spiral bind → <input type="checkbox"/> clear Size _____ perfect binding → <input type="checkbox"/> <i>Special instructions:</i>	
Numbering Beginning # _____ Ending# _____ <i>Special Instructions:</i>	

Folding / Scoring <input type="checkbox"/> as per sample <input type="checkbox"/> one fold/score <input type="checkbox"/> two folds/score <input type="checkbox"/> other	Padding _____ # pads _____ # pages/pad _____ carbonless _____ wrap around covers _____ # of books 	Drilling / Perforation <i>Indicate location</i> # of holes Left  Right _____ # of perfs _____	Lamination size _____ total pouches _____ Cutting finish size
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Creative Services Use Only	
Electronic file name/format ___dd___/___mm___/20___ _____ sent by _____ <input type="checkbox"/> G:_____ <input type="checkbox"/> G:_____ <input type="checkbox"/> G:_____ <i>Special Instructions:</i>	Delivery: Receiver: _____ Date: _____