PRINTING AND REPROGRAPHIC REQUEST

(For use of this form, see AR 25-30. The proponent agency is DHR.)

FY 20 ☐☐

1. DATE REQUESTED:	2. DATE REQUIRED:	3. BILLING/JOB NUMBER *(Program use only: do not fill)*
4. NUMBER OF COPIES:	5. NUMBER OF PAGES IN SOURCE DOCUMENT:	
6. DESCRIPTION: *(Title, form number, etc.)*		7. REQUESTOR NAME:
		8. TELEPHONE: *(Area code first)*
		9. ORGANIZATION: *(Activity, BN, BDE, DIV)*
10. PAPER TYPE: *(If not standard white bond)*	11. COVER PAGE PAPER TYPE:	12. FUNDING AUTHORIZATION: *(Resource Manager use only)*
13. NO. PAGES COLOR INK:	14. NO. PAGES BLACK INK:	

15. FINISHED SIZE: ☐ 8 1/2 X 11 ☐ 5 1/2 X 8 1/2 ☐ OTHER

16. PRINT: ☐ ONE SIDED ☐ HEAD TO HEAD ☐ HEAD TO FOOT ☐ OTHER

17. ASSEMBLY: ☐ COLLATE ☐ STACKS

18. DRILL: ☐ 2-HOLE TOP ☐ 3-HOLE LEFT ☐ 7-HOLE LEFT ☐ OTHER

19. STAPLE/STITCH:
☐ 1 ULC ☐ 2 LEFT SIDE ☐ 2 TOP ☐ SADDLE

20. BIND:
☐ SPIRAL ☐ COMB ☐ TAPE ☐ TRI-FOLD ☐ FOLD IN HALF

21. PAD: ☐ TOP ☐ SIDE

22. PRINTING DOCUMENTS SUPPLIED ON: ☐ CD ☐ HARDCOPY ☐ DIGITAL FILE

23. DELIVERY INSTRUCTIONS: ☐ CALL WHEN READY ☐ MAIL

24. REMARKS:

25a. JOB RECEIVED: **(PRINTED NAME)**	25b. SIGNATURE:	25c. DATE: