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| State of Wisconsin  Department of Administration  Division of Enterprise Operations  s. 16.765, Wis. Stats., ADM 50  DOA-3072 (R 11/2011) |  | State Bureau of Procurement  Consolidated Agency Purchasing Services  101 East Wilson St, 6th Floor  P. O. Box 7867  Madison, WI 53707-7867  Phone: (608) 264-9587 Fax: (608) 266-1977 |

**Consolidated Agency Purchasing Services**

**Printing Order**

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| 1. Job Name/Description | | | | | 1. Form or Publication Number | | | | | | | | 1. Desired Delivery Date | | | |
| 1. Name - Requestor | | | | | 1. Requestor Telephone Number | | | | | | | | 1. Order Date | | | |
| 1. Agency Name | | 1. Street Address | | | | | | | 1. City | | | | | | | 1. Zip Code +4 |
| 1. Billing Information | | | | | | | | | | | | | | | | |
| **Printing - please send previous sample or mock-up/dummy** | | | | | | | | | | | | | | | | |
| 1. Quantity to be Printed | 1. Item to be Printed   Book  Brochure  Form  Other | | | | | | | | | | | | | 1. Finished Printed size | | |
| 1. Orientation (check all that apply)   Portrait  Landscape  Other  One sided  Two sided | | | | | | | | | | 1. Request Type   New  Exact Reorder  Revision | | | | | | |
| 1. Original provided as   Hard Copy or  Elect File Type: | | | | 1. File Name | | | | 1. Number of Pages | | | | | | | 1. Proof Requested   Yes  No | |
| 1. Ink Colors   Black  Color-PMS #        Color-PMS #        Full Color | | | | | | | | | | | | 1. Envelopes | | | | |
| 1. Paper Type | | | 1. Paper Weight | | | | | | | | 1. Paper Color | | | | | |
| 1. Cover Paper Type | | | 1. Cover Paper Weight | | | | | | | | 1. Cover Paper Color | | | | | |
| **Finishing** | | | | | | | | | | | | | | | | |
| Folding (provide sample) -Finished Folded Size  Staple Location  Binding  Saddle Stitch  Perfect Bind  Location of bind -  Collate Only, divide with slip sheets  Shrink Wrap or  Rubber Band in Packages of  Pad – Number of sheets/pad  With Cardboard Backer  No Backer | | | | | | | Punch       Holes on       Edge.  Perforate       inches from:  Top        inches from:  Left  Number of Vertical Perforations  Number of Horizontal Perforations | | | | | | | | | |
| 1. Special Instructions: | | | | | | | | | | | | | | | | |
| 1. Delivery Instructions: | | | | | | 1. Second Destination Delivery Instructions: | | | | | | | | | | |

This document can be made available in alternate formats to individuals with disabilities upon request.