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 179 State St.
 Augusta, ME 04330
 207-623-1452

STATE OF MAINE
 DUPLICATING REQUISITION

THIS IS **CC**
 YOUR JOB

(SHADED AREAS MUST BE FILLED IN)

FUND	AGY	ORG	APPR	OBJEC	REPT CAT./JOB#
(3)	(3)	(4)	(2)	(4)	(8)

DEPARTMENT _____ DATE _____
 DIVISION _____ STATION# _____
 DELIVERY LOCATION _____

DATE REQUIRED (ASAP NOT ACCEPTABLE) _____ / _____ / _____
 MONTH / DAY / YEAR

JOB TITLE _____ NO. OF PAGES SUBMITTED _____
 (One page printed both sides counts as two pages)
 COPIES PER PAGE TO BE PRINTED _____ FINISHED SIZE _____
 SAMPLE INCLUDED? Yes No

(CHECK PRINTING AND STOCK REQUIRED)

PRINTING: ONE SIDE TWO SIDES

BOND: BLUE BUFF CANARY GREEN
 PINK WHITE GOLDENROD

Maximum Sizes
 8½ x 11
 8½ x 14
 11 x 17

BRIGHT BOND: Sun Yellow Red Ultra Pink
 Blue Lime Orange Green

8½ x 11 (ONLY)

OFFSET: GREY IVORY WHITE

SAME AS BOND

NCR: 2-PART 3-PART

8½ x 11 (ONLY)

COVER: BLUE GREEN GREY

STOCK: IVORY RED TAN WHITE
 YELLOW GOLD ORANGE

8½ x 11 (ONLY)

INDEX: BLUE CANARY GREEN
 SALMON WHITE

8½ x 11
 8½ x 14
 11 x 17

(CHECK FINISH REQUIRED)

TYPESETTING

COLLATE

THREE-HOLE PUNCH

CUTTING (INCLUDE SAMPLE)

PADDING SHEETS PER PAD _____

LABELING

TABBING

STAPLE: 1 2 3

PERFORATING

LAMINATE

BINDING:
 GBC
 COIL
 PERFECT
 TAPE
 SURE
 ACCO
 BRASS

FOLDING:
 LETTER Z FOLD
 SINGLE DOUBLE FOLD

ADDITIONAL INSTRUCTIONS (PLEASE BE SPECIFIC) _____
 Need Samples to go to State Library Y N

It is the responsibility of each department to send 18 copies of any publications to the State Library at 64 State House Station.

CONTACT _____	TEL: _____	AUTHORIZED SIGNATURE _____
FOR COPY CENTER USE ONLY		
BEGINNING MACHINE READING	ENDING MACHINE READING	MACHINE NUMBER
COPIES	ORIGINALS	IMPRESSIONS
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COLLATING: _____ X _____	= _____	\$ _____
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COVER/INDEX _____		\$ _____
TYPESETTING _____	PMT _____	\$ _____

JOB CHARGE
POSTAGE CHARGE
TOTAL
\$ _____

FOR USE OF RECEIVING AGENT
 DELIVERY REC'D BY: _____ DATE: _____