

8 Sep 2020

SAMPLE PRINTING REQUISITION FORM (N7)			
<u>FROM:</u>		<u>ORDER NUMBER</u>	
<u>TO:</u> CNATRA N7			
<u>ITEM:</u> A= PAT Pubs B=Other			
<u>JUSTIFICATION</u>			
<u>DISTRIBUTION</u> (Name, Address, and Phone number)			
DISTRIBUTION CONTACT		PHONE	
DATE REQUIRED	CODE	EXT	
NO. OF ORIGINALS	NO. OF COPIES	COVER YES / NO	COVER COLOR
COLLATE YES / NO	STAPLE <input type="checkbox"/> ULC <input type="checkbox"/> 2 TOP <input type="checkbox"/> 2 SIDE <input type="checkbox"/> NONE	HOLES <input type="checkbox"/> 3 LEFT <input type="checkbox"/> OTHER <input type="checkbox"/> 2 TOP	
PAPER <input type="checkbox"/> BOND <input type="checkbox"/> NCR <input type="checkbox"/> INDEX	INK COLOR	PAPER SIZE	PAPER COLOR
PAD YES / NO	PRINTING <input type="checkbox"/> 1 SIDED <input type="checkbox"/> HEAD-HEAD <input type="checkbox"/> HEAD-FOOT <input type="checkbox"/> HEAD-LEFT <input type="checkbox"/> HEAD-RIGHT <input type="checkbox"/> LAYOUT		
SIGNATURE		DATE OF REQUEST	