REQUEST FOR PRINT SERVICE State Form 44874 (R14 / 10-13) INDIANA DEPARTMENT OF ADMINISTRATION PRINT VENDOR NOVITEX ENTERPRISE SOLUTIONS

Date received (month, day, year)		FOR OFFICE USE Received by			ONLY		N	NES job number		
			CUSTO		ΙΔΤΙΟ	N				
Name of agency			Agency numbe		ne of department				NES billing / mail code	
				ESTOR AND			ZATION			
Name of requesto	Telepho	Telephone number Authorized Sig			nature Name of Division Director					
JOB INFORMATION										
Is this a State Form? Yes No Quantity requested										
(State Form requests MUST be submitted to ICPR for specifications prior to printing.)										
Contain Confider		Yes DNo Iential Print and Mail Service Submission of			Total originals			Is the original:		
Confidential Inforr					Require a proof?			Attached or Digital Number of proofs required		
A Government P (21 copies will be	□ No s and Archives.)									
	orm number with Revisio	Description								
DELIVERY INFORMATION Pick up. Name of contact Telephone number of contact E-mail address of contact										
We will contact yo	u.									
Deliver to:									Due Date	
									Due Time	
TYPE OF FORM										
□ Flat sheet □ Booklet □ Card □ Envelope (size) □ Label (size) □ Unit set / Bond set □ Other										
	DADED	STOCK	JOB	SPECIFICAT	ONS			COVE	R STOCK	
SIZE	□ 8.5 x 11 □ 8.5 x 1		7 🗌 Other:			3.5 x ⁻	11 🗆 8.		x 17	
COLOR						White Other:				
WEIGHT	☐ 20 # (28#, if color) ☐ 18 # carbonless ☐ 70 # ☐ Other:					☐ 110 # (80 # if color print) ☐ Blank Back Cover ☐ Other:				
ТҮРЕ	Bond Carbonless Index Other:					Tag Index Wraparound Other:				
INK	Black and/or Color				□ No printing □ Black and/or □ Color					
DUPLEX	One Sided Two Sided Head to Head Head to Foot				One Sided Two Sided Head to Head Head to Foot					
ORIENTATION Portrait Landscape Image: Constraint of the second secon										
3 Ring Punch Collate Dividers Numbering (beginning number) Other: BINDING GBC Spiral Tape Pad – No. per pad FOLDING Half Tri – Fold						Z- Fold				
STARUNG Top Left Double Left										
	Saddle Stitch 🗌 Othe	er:	•	TABS		Color		ets Per Book	🗌 3 Set 🔲 5 Set	
SHRINK WRAP	Number per package						X			
Does job have ins	erts? 🗌 Yes 🗌 No		at is inserted?	INSERTING SI	ECII		TIONS			
ENVELOPES Stock double window Customer supplied – State Form number:										
Additional instructions:										
FOR OFFICE USE ONLY IN OUT INITIAL SPECIAL INSTRUCTIONS: (See page 2.)										
SETUP PRINTING										
FINISHING										
MAILING										
SHIPPING										
Received b	oy: (Customer Signatur	e)	Date / Time)						

REQUEST FOR PRINT SERVICE (continued) State Form 44874 (R14 / 10-13) INDIANA DEPARTMENT OF ADMINISTRATION PRINT VENDOR NOVITEX ENTERPRISE SOLUTIONS

SPECIAL INSTRUCTIONS