

AD-78  
(Rev 7-81)

REQUEST FOR PRINTING AND BINDING  
(REFER TO DEPARTMENT REQUISITION NUMBER WHEN INQUIRING ABOUT WORK)

FORWARD TO PRINTING  
CENTER, GPA

AGENCY	AGENCY NO.	APPROPRIATION CHARGEABLE	DATE
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TITLE OF FORM OR PUBLICATION	<input type="checkbox"/> NEW <input type="checkbox"/> REPRINT	<input type="checkbox"/> MAJOR REVISION <input type="checkbox"/> SLIGHT REVISION	FORM OR SERIES NO
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QUANTITY (UNITS OF FINISHED PRODUCT)	FINISHED PRODUCT (CHECK ONE)
	<input type="checkbox"/> BOOKS OR PAMPHLETS <input type="checkbox"/> BLANK FORMS <input type="checkbox"/> SETS <input type="checkbox"/> NCR <input type="checkbox"/> CARBON INTERLEAVED <input type="checkbox"/> PADS OR TABLETS <input type="checkbox"/> OTHER (SPECIFY)

PAPER STOCK AND INK	TEXT	PAPER (GRADE, COLOR, WEIGHT)	INK (INDICATE PMS INK NUMBER)	ADDITIONAL INFO
	COVER			ADDITIONAL INFO
	OTHER (SPECIFY)			ADDITIONAL INFO

MATERIALS FURNISHED	(REPRINT COPY)	(CAMERA COPY)	(NEGATIVES)	(MANUSCRIPT)	(MAGNETIC TAPE)	STORE REPRODUCIBLES	PREVIOUS REQ (IF REPRINT)
					<input type="checkbox"/> DIRECT DRIVE <input type="checkbox"/> OTHER	YEARS	

PRINTING/BINDING SPECIFICATIONS	ILLUSTRATIONS:		(LINE)	(HALFTONE)	(COMBINATION)	(4 COLOR PROCESS)	DUOTONES	MARGINS (After Trim) Picas/Inches	LEFT (BIND)	RIGHT (OUTSIDE)	TOP (HEAD)	BOTTOM (FOOT)
	PRINT ONE SIDE ONLY	HEAD TO HEAD	HEAD TO FOOT	OTHER	COVER PRINTS 1 2 3 4	EMBOSS	PERFORATE	SCORE	POSITION	NUMBER (Inclusive)	TO	COLOR OF INK
	SIZE FLAT (Inches) FORMS, SETS, PADS	FOLD TO (Inches)		SIZE TRIMMED PAGE (Inches) BOOKS/PAMPHLETS		PAGES	FOLDINS, INSERTS	PAPER COVERS (Self) (Separate)				

PROOFS AND DELIVERY	WIRE STITCH (Side) (Saddle) (Number)	PASTE ON FOLD	LOOSELEAF	PERFECT BIND	SEW	CASE BOUND (Material and Color)	STAMP TITLE (BINDERY) COVER SPINE GOLD IM GOLD INK (Color)
	PADS/SETS (Gum) (Stitch) (Pos) (Sheets in Pad)	(Sets in Pads)	(Sheets in Sets)	DRILL/ PUNCH (Shape)	(No. of holes) (DIAM)	(Inches Center to Center)	(Pos.) ROUND CORNERS (No.) (Position)

PROOFS AND DELIVERY	GATHER (EXPLAIN)	CARBON INTERLEAVE <input type="checkbox"/> Blue <input type="checkbox"/> Dual Purpose <input type="checkbox"/> Black <input type="checkbox"/> One-Time	INDEX (Cut) (Tab) (Bleed)	<input type="checkbox"/> LIP DIVIDERS	<input type="checkbox"/> TYPEWRITER SPACING	<input type="checkbox"/> FORMS MUST REGISTER
	PROOFS <input type="checkbox"/> YES <input type="checkbox"/> NO	PROOF SETS (Galley) (Page)	AGENCY HOLD (Workdays) (Galley) (Pages)	PROOFS TO: (NAME AND ROOM NO.)		

PROOFS AND DELIVERY	REQUESTED SHIP DATE	KRAFT WRAP	SHRINK FILM	BAND IN SETS	SUITABLE	OTHER PACKING (Specify)	QUANTITY IN PACKAGE	PACK IN CARTONS
	DELIVER TO:							<input type="checkbox"/> COMPLETE ADDRESS FURNISHED FOR INSIDE DELIVERY <input type="checkbox"/> DO NOT SHIP U.S. POSTAL SERVICE (NO P.O. BOX NOS.)

* CERTIFICATIONS	<input type="checkbox"/> I CERTIFY THAT THIS REQUEST IS FOR ADMINISTRATIVE PRINTING WHICH IS INTENDED FOR DISTRIBUTION ONLY TO USDA PERSONNEL AND TO FORMAL COOPERATORS WHO NEED THE INFORMATION TO CARRY OUT OFFICIAL RESPONSIBILITIES WITH THE AGENCY.	<input type="checkbox"/> OVERTIME IS AUTHORIZED TO MEET DELIVERY SCHEDULE (FURNISH JUSTIFICATION)
	_____ (ADMINISTRATIVE PUBLICATIONS CONTROL OFFICER) SIGNATURE DATE	_____ (AGENCY PUBLICATIONS CONTROL OFFICER) SIGNATURE DATE
	<input type="checkbox"/> I CERTIFY THAT PUBLICATION OF THE MANUSCRIPT IN THE QUANTITY AND FORM REQUESTED IS ESSENTIAL TO THE OFFICIAL BUSINESS OF THE U.S. DEPT. OF AGRICULTURE AND THAT IT HAS BEEN PREPARED TO MEET EXACTING STANDARDS OF ECONOMY AND EFFECTIVENESS CONSISTANT WITH TITLE 3, USDA ADMINISTRATIVE REGULATIONS AND OMB BULLETIN NO. 81-16. IF A REPRINT, I CERTIFY TEXT, REFERENCES, AND ILLUSTRATIONS ARE UP TO DATE.	<b>AGENCY CONTACT (NAME AND TELEPHONE NUMBER)</b> _____ <b>QUALITY LEVEL:</b> <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V (CHECK APPROPRIATE BOX OR BOXES)

GPA USE ONLY	I CERTIFY THAT THE WORK IS AUTHORIZED BY LAW AND NECESSARY TO THE CONDUCT OF BUSINESS OF THE ABOVE MENTIONED AGENCY.	_____ (SIGNATURE) _____ (TITLE)
	DEPT. REQ. NO. ( )	ADDITIONAL INSTRUCTIONS

JACKET NO.	
PROGRAM NO.	
P.O. NO.	
PROOF DATE	
ESTIMATE	
SHIP DATE	

<input type="checkbox"/> MUST DEL. <input type="checkbox"/> GPO <input type="checkbox"/> DSO <input type="checkbox"/> REG. #	EDITORIAL CLEARANCE (OK FOR PRINTING)	_____ (SIGNATURE) _____ (DATE)
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(SEE AD-78 INSTRUCTION BOOKLET)