## CD-ROM REQUEST

## **NFC USE ONLY Submit Completed Requests To:** DATE USDA/OCFO/National Finance Center PO BOX 60000 **JOBNAME NEW ORLEANS, LOUISIANA 70160** ATTN: IRMD/OB/OSS ADMINISTRATOR CONTROL NUMBER FAX: 504-255-6200 A. REQUESTOR INFORMATION 2. ORGANIZATION 3. E-MAIL ADDRESS 4. PHONE NUMBER (Area code and number) 5. FAX NUMBER (Area code and number) **B. AUTHORIZATION TO SUBMIT REQUEST** 7. AUTHORIZING OFFICIAL SIGNATURE 6. AUTHORIZING OFFICIAL NAME 8. TITLE 9. PHONE NUMBER (Area code and number) 10. DATE C. GENERAL INFORMATION 11 IS THIS REQUEST TO MODIFY AN EXISTING CD DISTRIBUTION? YES ▶ | Provide the Job ID Number included on the last CD received. D. CD-ROM DISTRIBUTION AND LABEL SPECIFICATIONS. 12. CD IDENTIFIER LINE 1. (General classification of what is recorded on the CD-ROM. This is the name that will also be printed on the face of the CD-ROM. (Maximum 40 characters)) 13. CD-ROM CONTENTS LINES 2 AND 3. (2 lines of 40 characters each are to be used to further identify/describe the contents of the CD-ROM.) 14. CD-ROM CONTENTS LINE 4. (User generated; information will be taken from header file. (ex., run dates, as of date, PP)) 15. PRODUCTS TO BE RECORDED ON CD. (Names are to be the same or similar to those provided in the Reports Specifications or Data File Specifications section. (Maximum of 8 characters)) E. REPORT/DATA FILE SPECIFICATIONS. Complete this section for each report/data file that is to be placed on a CD. CD can contain reports or data files, not a combination. If more than 1 report/data file is needed, make copies of this page. **REPORT/DATA FILE** 16. IS THIS REPORT/DATA FILE NEW OR EXISTING? Follow the normal NFC request procedures to have the report/data file produced including this EXISTING Provide the report or data file name below. CD-ROM Request Form. Indicate in your requirements that the output distribution is CD-ROM 17. TITLE REPORT/DATA FILE NAME 18. REPORT/DATA FILE SOURCE USER GENERATED NFC PRODUCTION (i.e., FOCUS, CULPRIT) LAN FTP OTHER (Specify) 19. HOW OFTEN IS REPORT/DATA FILE RECEIVED? 20. REPORT/DATA FILE SIZE (Enter at least one) ANNUALLY QUARTERLY PAY PERIOD OTHER (Specify) # PRINTED PAGES OR FILE SIZE SEMI-ANNUALLY MONTHLY WEEKLY FOR NFC USE ONLY 21. AUTHORIZING OFFICIAL 22. PHONE NUMBER (Area code and number) 23. DATE

<b>F. RECIPIENT.</b> This sheet will acconeeded, make copies of this page.	mmodate two recipients. Complete this section for <b>each recipient</b> . If additional recipient <b>For each recipient of the CD</b> , provide the following information:	ent pages are
RECIPIENT 1	, , , , , , , , , , , , , , , , , , ,	
24. AGENCY NAME		
25. RECIPIENT'S TITLE OR POSITION (Do not use	employee names)	
26. STREET ADDRESS (Line 1)		
27. STREET ADDRESS (Line 2)		
28. STREET ADDRESS (Line 3)		
29. CITY		30. STATE
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32. ORGANIZATION STRUCTURE CODE		33. NUMBER OF COPIES
RECIPIENT 2 24. AGENCY NAME		
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27. STREET ADDRESS (Line 2)		
28. STREET ADDRESS (Line 3)		
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RECIPIENT 3		
24. AGENCY NAME		
25. RECIPIENT'S TITLE OR POSITION (Do not use	employee names)	
26. STREET ADDRESS (Line 1)		
27. STREET ADDRESS (Line 2)		
28. STREET ADDRESS (Line 3)		
29. CITY		30. STATE
31. ZIP CODE		
32. ORGANIZATION STRUCTURE CODE		33. NUMBER OF COPIES
COMMENTS/NOTES		