



# Simplified Purchase Agreement Work Order Form 4044

You are hereby authorized to manufacture and ship the following described product in accordance with the purchase order and specifications indicated.

\* Required Fields

QUOTES DUE BY

|   |  |  |  |                     |                    |
|---|--|--|--|---------------------|--------------------|
| DEPARTMENT OR GOVERNMENT ESTABLISHMENT  |  | REQ. NO. *   | JACKET NO. *   | PROGRAM NO. *       | WORK ORDER NO. *   |
| CLASSIFICATION *<br>Classified <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | SBU <input type="checkbox"/> Yes <input type="checkbox"/> No | PII <input type="checkbox"/> Yes <input type="checkbox"/> No | PUBLICATION TITLE   |                    |
| DATE PREPARED   |  | OBJECT CLASS   |  |                     |                    |
| CONTRACTOR  |  | PURCHASE ORDER NO. *   | STATE CODE *   | CONTRACTOR'S CODE * | SHIP/DELIVERY DATE |

|                     |  |   |                            |                                  |   |                                     |                   |                    |                         |  |
|---------------------|--|---|----------------------------|----------------------------------|---|-------------------------------------|-------------------|--------------------|-------------------------|--|
| <b>BILLING INFO</b> | BILLING ADDRESS CODE (BAC) *           |   | AGENCY LOCATION CODE (ALC) |                                  | APPROPRIATION CHARGEABLE/OBLIGATION NO. |                                     |                   |                    |                         |  |
|                     | <input type="checkbox"/> PURCHASE CARD | PURCHASE CARD NO. (Info to appear on GPO copy only) |                            |                                  | EXP. DATE                               | NAME AS IT APPEARS ON PURCHASE CARD |                   |                    | PHONE NO. OF CARDHOLDER |  |
|                     | TAS*<br>Sub-level Prefix Code          | Allocation Transfer Agency Identifier               | Agency Identifier          | Beginning Period of Availability | Ending Period of Availability           | Availability Type Code              | Main Account Code | Sub-Account Code   | BETC*                   | LINE OF ACCOUNTING/DOCUMENT REFERENCE NUMBER (Info Will Appear on IPAC as Entered) |
|                     | G-INVOICING (GINV) GTC# **             |   | GINV ORDER# **             |                                  |   | ORDER LINE# **                      |                   | ORDER SCHEDULE# ** |                         |  |

\*\*Must use number as generated by G-Invoicing system

|                       |   |  |   |                                 |  |                    |  |               |  |
|-----------------------|---|--|---|---------------------------------|--|--------------------|--|---------------|--|
| <b>SPECIFICATIONS</b> | PROOFS<br><input type="checkbox"/> Content (QTY) <input type="checkbox"/> Inkjet (QTY) <input type="checkbox"/> High Resolution (QTY) <input type="checkbox"/> Prior to Production Samples (QTY) <input type="checkbox"/> Electronic Soft Proof |  |   |                                 |  |                    | DAYS DEPT. WILL HOLD PROOFS  | QUALITY LEVEL | QUANTITY (unit of finished product)  |
|                       | FURNISHED ELECTRONIC MEDIA<br><input type="checkbox"/> Files to be sent via FTP or Email <input type="checkbox"/> CD/DVD (QTY)  |  |   | OTHER GOVT. FURNISHED MATERIALS |  |                    | PRESS SHEET INSPECTION<br><input type="checkbox"/> No. of Hours Notice |               | TRIM SIZE<br>X   |
|                       | COVER PAPER   |  |   | COLOR OF COVER INKS             |  | COVER COATING TYPE | PAPER COVERS (Self) (Separate)   |               | INDICATE WHICH COVERS PRINT<br>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
|                       | TEXT PAPER  |  |   | COLOR OF TEXT INKS              |  | TEXT COATING TYPE  | NUMBER OF TEXT PAGES   |               | PRINT<br><input type="checkbox"/> One Side Only <input type="checkbox"/> Head to Head <input type="checkbox"/> Head to Foot                |
|                       | STITCH<br><input type="checkbox"/> ULC <input type="checkbox"/> SIDE <input type="checkbox"/> SADDLE  |  | BINDING<br><input type="checkbox"/> COMB <input type="checkbox"/> COIL <input type="checkbox"/> PERFECT BOUND <input type="checkbox"/> SEW <input type="checkbox"/> TAPE <input type="checkbox"/> TRIM 4 SIDES <input type="checkbox"/> OTHER |                                 |  |                    |  |               |  |

|                               |  |  |  |  |  |  |  |  |  |
|-------------------------------|--|--|--|--|--|--|--|--|--|
| <b>ADDITIONAL INFORMATION</b> | Digital Print Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |  |  |  | <input type="checkbox"/> Supplemental Information Attached |  |
|                               |  |  |  |  |  |  |  |  |  |

|                 |   |  |  |  |   |  |  |  |  |
|-----------------|---|--|--|--|---|--|--|--|--|
| <b>DELIVERY</b> | DELIVER PRODUCT TO:                                 |  |  |  | RETURN FURNISHED MATERIALS TO:  |  |  |  |  |
|                 | <input type="checkbox"/> Distribution List Attached |  |  |  | Digital Deliverables Requested - Format: <input type="checkbox"/> Native <input type="checkbox"/> PDF |  |  |  |  |

|  |                              |                              |  |  |
|--|------------------------------|------------------------------|--|--|
| SUPT. DOCS. NOTIFIED<br><input type="checkbox"/> YES <input type="checkbox"/> NO | SUPT. DOCS. QUANTITY ORDERED | SUPT. DOCS. DELIVERY ADDRESS |  |  |
| CONTRACTOR TOTAL QUOTE   | SUPT. DOCS. COST             | ADDITIONAL RATE              |  |  |

|                                     |  |       |           |         |
|-------------------------------------|--|-------|-----------|---------|
| FOR ADDITIONAL INFORMATION CONTACT: |  | EMAIL | PHONE NO. | FAX NO. |
|-------------------------------------|--|-------|-----------|---------|

|                       |       |                         |
|-----------------------|-------|-------------------------|
| AUTHORIZING SIGNATURE | TITLE | DATE SENT TO CONTRACTOR |
|-----------------------|-------|-------------------------|

I certify that I am an authorized agency representative of the above-mentioned Government establishment with authority to submit this order to the U.S. Government Publishing Office and obligate its funding in compliance with applicable regulations, and; this work is authorized by law and necessary to the conduct of the business of the above-mentioned Government establishment.

|  |                     |
|--|---------------------|
| ORDER RECEIVED BY: (Agency Representative) | DATE ORDER RECEIVED |
|--|---------------------|

|                           |  |      |
|---------------------------|--|------|
| <b>CONTRACTOR INVOICE</b> | All contractor invoices are to be FAXED to GPO at 202.512.1851. For instructions on how to prepare your bill and get paid go to <a href="http://www.gpo.gov/vendors/payment.htm">www.gpo.gov/vendors/payment.htm</a>                       |      |
|                           | I certify that the materials/services ordered have been delivered on the date indicated above and that payment or credit has not been received.<br>The penalty for making false statements to the Government is prescribed in 18 USC 1001. |      |
|                           | CONTRACTOR SIGNATURE   | DATE |



# Simplified Purchase Agreement Work Order Form 4044

|  |                    |                            |                   |                |
|--|--------------------|----------------------------|-------------------|----------------|
| DEPARTMENT OR GOVERNMENT ESTABLISHMENT | REQ. NO.           | JACKET NO.                 | PROGRAM NO.       | WORK ORDER NO. |
| PUBLICATION TITLE                      |                    | BILLING ADDRESS CODE (BAC) |                   |                |
| CONTRACTOR                             | PURCHASE ORDER NO. | STATE CODE                 | CONTRACTOR'S CODE |                |
| ADDITIONAL INFORMATION                 |                    |                            |                   |                |