

Agency Code							
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NYS OFFICE OF GENERAL SERVICES
Serving New York

JOB NUMBER (For Office Use Only)
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Cost Center Number									
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PRINT/COPY ORDER FORM
STATE OF NEW YORK - EXECUTIVE DEPARTMENT
OFFICE OF GENERAL SERVICES
CENTRAL PRINTING & COPY CENTER
Fax: (518) 457-3081

See instructions on reverse

FMS Control Number									
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I. AGENCY IDENTIFICATION		
Agency Name:	Authorized Signature:	
Agency Contact:	Telephone Number: ()	
Date Ordered:	RECORD OF CONFIRMATION (For Office Use Only)	Date Due:
		_____ <i>TAKEN BY (Initials)</i>

II. DESCRIPTION OF MATERIALS TO BE PRINTED			
Title and/or Brief Description of Material Form Number:	<input type="checkbox"/> Typesetting Required <input type="checkbox"/> Graphics Only <input type="checkbox"/> Signs/Displays <input type="checkbox"/> Camera Ready	<input type="checkbox"/> Color Copies <input type="checkbox"/> B & W Copies	REPRINT <input type="checkbox"/> YES <input type="checkbox"/> NO
(Check Appropriate box): ORDER QUANTITY: →	Number of Masters:	Completed Size:	
<input type="checkbox"/> Sheets <input type="checkbox"/> Sets <input type="checkbox"/> Pads <input type="checkbox"/> Booklets <input type="checkbox"/> Bus. Cards <input type="checkbox"/> Envelopes			
Paper Weight, Color and Grade:	Cover: <input type="checkbox"/> Front: <input type="checkbox"/> Inside Front	<input type="checkbox"/> Back: <input type="checkbox"/> Inside Back	Cover Stock: Colors of Ink

III. <input type="checkbox"/> OFFSET OPERATIONS	<input type="checkbox"/> COPY CENTER OPERATIONS	PRODUCTION DATA
1. <input type="checkbox"/> Print — <input type="checkbox"/> One Side <input type="checkbox"/> Two Side <input type="checkbox"/> Head to Head <input type="checkbox"/> Head to Toe		Sheets
2. <input type="checkbox"/> Reduce — <input type="checkbox"/> Enlarge <input type="checkbox"/> Printed Copy Should be _____ % of Original		Total Impressions
3. <input type="checkbox"/> Punch — <input type="checkbox"/> 2 Hole <input type="checkbox"/> 3 Hole <input type="checkbox"/> Other (Sample Required)		Stock
4. <input type="checkbox"/> Collate — _____ Sheets to a set		Remarks
5. <input type="checkbox"/> Staple — <input type="checkbox"/> Upper Left Corner <input type="checkbox"/> 2/Side <input type="checkbox"/> Saddle <input type="checkbox"/> Landscape <input type="checkbox"/> Other (Sample Required)		
6. <input type="checkbox"/> Binding — <input type="checkbox"/> GBC Plastic <input type="checkbox"/> Tape <input type="checkbox"/> Other		
7. <input type="checkbox"/> Pad — _____ Number of Sheets to a Pad Carbonless Sets _____		
8. <input type="checkbox"/> Fold — (Sample Required)		
9. <input type="checkbox"/> Trim — Trim to _____ X _____ (Completed Size)		
10. <input type="checkbox"/> Perforate/Score (Sample Required)		
11. <input type="checkbox"/> Wrap — _____ Sheets/Package _____ Sets/Package		
12. <input type="checkbox"/> Remarks or Other Operations Desired:		
Before final printing, Central Printing and Copy Center requires proof copies to be signed off. If proof is required please include mailing address: _____ _____		

IV. DELIVERY INSTRUCTIONS			
Customer Shipping Destination:	Customer Name (please print):		
	Shipped By:	Date Shipped	Billing Date
(OGS USE ONLY)	<input type="checkbox"/> A <input type="checkbox"/> C-1 <input type="checkbox"/> X-1 <input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> C-2 <input type="checkbox"/> X-2 <input type="checkbox"/> All Employees	<input type="checkbox"/> Albany Employees <input type="checkbox"/> Downtown Employees	<input type="checkbox"/> Other: _____

INSTRUCTIONS FOR COMPLETING PRINT ORDER (CS-507)

All requests to Central Printing & Copy Center for services must be submitted on form **CS-507, "Print Order"** (see opposite for sample form). No services will be provided without this completed form. If assistance is needed in completing this form, please call 457-6593.

The following information is required for completion of form CS-507:

1. Enter agency code to be charged for materials used and services rendered by Central Printing or Copy Center.
2. Enter cost center (and variable, if needed) to be charged for materials used and services rendered by Central Printing or Copy Center.
3. Enter the 7-digit FMS Control Number or agency tracking number associated. with the Cost Center Number entered in item 2.
4. Pre-assigned reference number for this print order.

I.

- A) Enter full name of requesting agency, corporation, commission, or committee,
- B) Enter authorized signature.
- C) Enter name of person to contact regarding the print order.
- D) Enter telephone number of agency contact.
- E) Enter date the print order is initiated.
- F) Enter date the print order is to be completed and returned to requester.

II.

- A) Enter a brief description of item to be printed or copied.
- B) Enter the total number of copies being requested (one copy equals one completed form, whether it consists of one or several pages.)
- C) Enter the number of masters to be printed.
- D) Enter physical dimensions of completed job.
- E) Enter paper weight, color and grade of stock being requested. If possible, a sample should be sent with the order.
- F) If a cover is requested, indicate whether a front cover and/or a back cover is required; also indicate which side(s) of each is to be printed.
- G) Enter type of paper product to be used for the cover.
- H) Enter ink color(s). For colors other than black, a sample swatch or PMS number of each color is required.

III.

- A) Check the box next to desired method of work to be completed, or leave blank for Central Printing & Copy Center's discretion.
- B) Check desired operations.

IV.

- A) Enter location to which the completed order should be shipped
- B) Enter name of person to whom order is to be delivered to
- C) OGS only: Indicate which distribution lists are to be utilized. See G.A. Manual, Item G 100, for distribution list descriptions.