STATE OF CALIFORNIA – DEPARTMENT OF GENERAL SERVICES

	(REV. 10/2019)	ER	1. MASS MAIL		FERIAL DUE MASS MAIL	10. DATE WANTED	11. AGENCY REQU	JISITION NU	MBER	12. AGENC	Y BILLING C	ODE	13. OSP JOB N	NUMBER	
3. AGENCY NAME 4. IMS CODE				14. COST QUOTE	QUOTE 15. ESTIMATE NUMBER 16. QUOTED BY 1		17. AMOUNT ENCUMBERED		18. CHAPTER 19. STATUTE 20. FY						
5. PERSON ISSUING ORDER 6. TELEPHONE NUMBER 7. DATE TYPED					21. LINE ITEM CODE/CALSTARS CODE 22. COMPOSING NEEDED 23   YES NO				PROOF REQUIRED 24. LAST JOB NUMBER (Attach 2 copies of latest printed material)						
8. <b>SHI</b> I	PPING ADDRESS (FC	OR MASS	MAIL RESIDUE, SEE BOXES	61 AND 63)		25. INQ. TO / PROOFER 26. TELEPHONE NUMBER				. FAX NUMBER 28. EMAIL ADDRESS					
						29. QUANTITY Finished product 30. No. of ORIGINALS 31. CONTAINS PAID ADVER					32. PRINT:	ONE SIDE TWO SIDES	HEAD/HEAD		
						PUBLICA	TIONS	45. No. of F	PAGES	46. SIZE (Width				AIL SERVICES	
9. SPE	<b>CIAL SHIPPING INST</b> DELIVER	C/	ALL PICKUP		SEE ATTACHMENT	47. TEXT PAPER / INK 48. COVER PAPER / INK					mai	mailing date. If mail services are used, a completed DGS OSP 104 mail questionnaire must be submitted with this STD 67 Publishing Order.			
	RETURN ORIGIN	ALS TO:				49. BINDING						55. LDA (See back) (Also see Box 29)			
FORMS 33. 34. SIZE (Width first)   UNIT SET CONTINUOUS					COMB BIND SADDLE STITCH TAPE					56. 1	56. TITLE OF MATERIAL				
35. FORMS PROCESSED BY:			36. BIND/TAB SIZE & LOCATION		37. No. of PARTS	SIDE STITCH (Indica	Н			57. <b>I</b>	57. <b>MUST MAIL BY DATE</b> 58. CLASS OF MAIL				
38. PLY	STOCK	wт	COLOR	INK	39. COMPATIBLE INK	FINISH	ING	52. IF JOB REQUIRES FOLDING, SUPPLY FOLDED SAMPLE			59. I	59. MAILING LIST NAME/NUMBER			
1					40.	50. PERFORATE - Incluc	de Sample	No. of	FOLDS	SIZE AFTER FO	LD		[	E-MAIL	
2					CARBON NCR						60. T	YPE OF LABEL	r		
3					41. QTY. PER PAD/BOOK	51. PUNCH - No. of Hole	es	53. <b>PACKA</b>	GE			No. 10s		P/S LABELS	
4					□ <b>⊾</b>			TIE TIE	L	SHRINK WR	AP	No. 95s		4-UP LABELS	
5					□ R			BAN	۱D ا	UNITS PER PKG.	<b>(1 D</b>			ON MATERIAL	
6					∐T	PUNCH CENTER TO CE					от. к		Г	UPS	
7					B		1 1/4"	54. <b>SHIP</b>		PALLET			-		
42. FASTEN CRIMP GLUE PARTS															
43. NUMBER - Beginning Ending 44. MISSING NUMBER OK?						Union Label. Indicate where union label is to be placed on product.					62. 1	62. RELEASED BY MASS MAIL RELEASE DATE			
						Must be printed at OSP					X	2			
65. <b>JO</b>	B TITLE / SPECIAL IN	ISTRUCT	TIONS (Title, Form No, & Revisi	on Date or R	evision No.)	If this is a legal deadline, provide Legislation Code						63. RESIDUE DELIVERY ADDRESS			
	ecification Sheet A											64. See Attached for Additional Mailing Instructions			
the ci no ev	istomer for such f ent shall the custo	ìnished omer be	each, failure, error or dej goods or, in the alternati entitled to recover any co or default by OSP. The o	ve, replace onsequentio	ment for such finished al or incidental damag	l goods; provided, how ges of any type, includ	wever, that OSP ling but not limit	's maximui ed to lost i	m liabil	lity shall not ex	xceed the	amount of any si	ims paid to O	SP by the customer. In	
	RSON AUTHORIZIN			-								67. APPROVED BY			

## INSTRUCTIONS

## 1. If Mass Mail services are required, check here.

- 2. Office of State Publishing (OSP) use only, no entry necessary.
- 3. Provide agency name.
- 4. Provide Interagency Mail Service Code.
- 5. Provide the contact person's name.
- 6. Provide the contact person's telephone number.
- 7. Enter date the order is typed.
- 8. Shipping address.
- 9. Check delivery preference.
- 10. Enter your requested delivery date.
- 11. Agency requisition identification number. This information is provided by your agency.
- 12. Provide agency billing code.
- 13. OSP use only, no entry necessary.
- 14. Fill in if an estimate has been given by OSP.
- 15. Provide estimate number given to you by OSP.
- 16. Provide the name of the OSP CSR issuing quote.
- 17. You must enter the amount of funds encumbered for this printing order.
- 18. This information provided by your agency.
- 19. This information provided by your agency.
- 20. Enter the fiscal year in which funds are to be encumbered for this printing order.
- 21. This information provided by your agency.
- 22. Indicate whether typesetting services are required for this printing order.
- 23. Indicate if a proof is wanted. Even if you do not request a proof, OSP will typically provide a proof on jobs with any change, all new jobs and all jobs that do not have a sample provided with the order. Large digital projects may also require a proof prior to production.
- 24. Enter the last OSP job number or copy identification number (usually located in the lower right hand corner of the form, brochure, or last printed page of the publication; or it can be obtained from your business service office.)

## 25 through 28.

Enter the name, telephone and fax numbers, and email address of the person who can answer questions about this job and/or will approve the proof.

29. Also see Box 55. Order quantity-number of each, sets of forms, etc.

NOTE: Due to the high speed of the automated equipment at OSP, a delivery quantity of 10 percent over or under will constitute a complete shipment. If any exact quantity is required, please indicate.

- 30. Indicate number of camera-ready copy originals submitted.
- 31. Indicate whether this print order contains paid advertising.
- 32. Check here to indicate if the material is to be printed on one or both sides. If the material is printed two-sided, also specify either head/ head or head/foot.
- 33. Type of form—check continuous or unit set (snap out).
- 34. Enter size (give width first, i.e., if letterhead, state 8 1/2" x 11").
- 35. Indicate whether form will be processed through typewriter or computer.
- **36.** Enter tab size and location. Unit set standard tab size is 5/8" and continuous is 1/2".
- 37. Enter the number of parts. An original plus 2 copies equals 3 parts.
- 38. Stock description and ink specification for business forms.
- 39. Indicate whether preprinted form will be used on a laser printer.
- 40. Indicate whether form requires carbon or NCR.
- 41. Indicate how many sheets or sets per pad or book and the location of the binding.
- 42. Fasten indicate how multiple part continuous form is to be held together.
- 43. Indicate beginning number and ending number.
- 44. Missing number(s) OK?—Some forms that are numbered, like receipt books, must have all of the numbers accounted for in the event of an audit. In this case, you will want to check the box that indicates that the missing numbers are NOT acceptable and must be made up. In other cases, for instance the state job application, each number does not have to be accounted for and it is acceptable to have missing numbers.
- 45. Indicate the number of pages. (A page is one side of a sheet of paper.)
- 46. Indicate finished size of publication (give width first, i.e., 8 1/2" x 11").
- 47. Specify text paper, weight and PMS ink color(s).

- 48. Specify cover paper, weight and PMS ink color(s).
- 49. Indicate type of binding.
- 50. If perforation is required, include a delineated sample or "dummy".
- 51. Indicate number of holes to be punched. Indicate the position of the holes, i.e., left, right, top or bottom. This is the distance from the center of one hole to the center of the next hole. Some standard measurements are:

2-hole punch	2 3/4" center to center
3-ring binder	4 1/4" center to center

Specify if "other" or if a sample is provided.

- Indicate number of folds in product and include a sample or fold "dummy". Indicate size of finished product.
- 53. Indicate type of packaging required and number of units per package.
- Indicate whether finished product should be delivered in cartons and/ or pallets.
- 55. Library Distribution Act (LDA) The Government Code Section 14900-14912 requires that any publication that is of interest to the general public be distributed to California's depository libraries. OSP offers the service of distributing the publications for a nominal fee. If your publication requires LDA distribution, you will be responsible for the cost of printing the additional LDA copies. LDA quantity will be added to the quantity in box 29 if box 55 is checked.
- 56. Form number or title of material to be mailed.
- 57. Indicate last acceptable date for job to be mailed.
- 58. Indicate if the product is to be mailed first class or presort standard, etc.
- 59. Provide mailing list name or number. Indicate how list will be provided.
- 60. Check appropriate boxes to indicate label or envelope type if known.
- 61. Check appropriate box to indicate how to handle residue.
- 62. OSP use only, no entry necessary.
- 63. Tell us where you want us to deliver residue.
- 64. Check if additional mailing instructions are provided.
- 65. Indicate the job title, form number and revision date or revision number. Use this area to explain any specifications not otherwise covered on the rest of this form. Indicate legislative code requiring legal mailing if applicable.
- 66. Must have name or signature of person authorizing the expenditure.
- 67. Name or Signature of person approving work to be done.