

Printing Requisition Form

GOVERNMENT PRINTING DEPARTMENT

Bay Street, St. Michael. **Tel** 535-6301 535-6306

Fax 535-6328 Email:government.printery@barbados.gov.bb

CC: andrea.forde@barbados.gov.bb

Job No.:	
Date Submitted:	mm / dd / yyyy
Date Required:	

mm / dd / yyyy

PLEASE READ AND FILL OUT IN DETAIL. Call the Government Printing Department at 535-6301 or 535-6306 if assistance is needed.

CLIENT	Name of Ministry/Department/Agency: (PLEASE PRINT)		Authorising Signature:				
	Con	ntact Name:	(PLEASE PRINT)	Phone:			
				Email Address:			
	Alte	rnate Contact:	(PLEASE PRINT)	Phone:			
				Email Address:			
Your Order:							
DATE		PARTICULARS/T	YPE	AMOUNT	REQUIRED BY		
00115071011		Here to be a sellented					
COLLECTIONS	•	Items to be collected: complimentary slip, vacation leave	forms, etc.				

All requisitions must be accompanied by a recent original specimen in order to be processed.

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	Type of the job requested. (Please be specific - i.e. Letterhead, Newsletter, etc.)				
PROJECT DESCRIPTION		Code no			
	Amount requested:				
	Is Client Supplying Stock Yes ☐ No ☐ Amount Supplie	ed: Type:			
ARTWORK	Are Design Services Requested. Please submit the following	ng: Is this a NEW printing job? Yes ☐ No ☐			
	Text file(s) ☐ Photos ☐ Graphic files ☐	Is this a REPRINT WITH REVISIONS? (Send copy of previous job) Yes □ No □			
	No of Pages: Job Size (w x h):				
	(ins) x(ins)	Last Job # Cheques Tickets Receipts etc.			
	Logo(s)	Is this an EXACT REPRINT with no changes? Yes □ No □			
	Specimen ☐ 2 Sides: ☐ Colour: Yes ☐ No				
	Files should be submitted on flash drives or CD (If emailing files, please attach all required images, fonts, etc.)	Last Job #Cheques Tickets Receipts etc.			
PRINT DESCRIPTION		Numbering Needed – Beginning Number			
	Dι	uplicates: Colour:Triplicates: Colour:			
	File Name Co	over:			
	Job Size (w x h):	side:			
	(ins) x (ins) Quantity: Ot	ther:			
		Visuals A hard-copy printout from the client is required as the final			
		approved document			
FURTHER INSTRUCTIONS					