

AD-270
REV. 10-87

U.S. DEPARTMENT OF AGRICULTURE

REQUEST FOR COPYING/DUPLICATING SERVICES

AGENCY CONTROL NO.	INTERNAL USE ONLY O.O. NO.					
AGENCY						
BRANCH OR OFFICE	DIVISION					
DATE THIS REQUEST RECEIVED <i>(Internal Use Only)</i>	DATE REQUIRED BY AGENCY					
APPROPRIATION NO. CHARGEABLE	AGENCY CONTROL NUMBER <table style="display: inline-table; border: none;"> <tr> <td style="width: 15px; height: 15px; border: 1px solid black;"></td> <td style="width: 15px; height: 15px; border: 1px solid black;"></td> <td style="width: 15px; height: 15px; border: 1px solid black;"></td> <td style="width: 15px; height: 15px; border: 1px solid black;"></td> <td style="width: 15px; height: 15px; border: 1px solid black;"></td> </tr> </table>					

TITLE OR DESCRIPTION OF MATERIAL(S):

WORK REQUIRED: OFFSET PRINTING <input type="checkbox"/> DUPLICATING <input type="checkbox"/> OTHER SERVICES (SPECIFY): CUT <input type="checkbox"/> FOLD <input type="checkbox"/> PASTE <input type="checkbox"/> PERFORATE <input type="checkbox"/>	NO. OF ORIGINALS NO. OF COPIES OF ORIGINAL SIZE REQUIRED	COLLATE PADDING PUNCH SADDLE STITCH STAPLE(S) 1 <input type="checkbox"/> 2 <input type="checkbox"/> SHRINK WRAP
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<p style="text-align: center;">PAPER</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"> BOND - 16# <input type="checkbox"/> BOND - 20# <input type="checkbox"/> INDEX <input type="checkbox"/> LEDGER <input type="checkbox"/> LITHOCOATED <input type="checkbox"/> MANIFOLD <input type="checkbox"/> O.B. <input type="checkbox"/> O.B. - 60# <input type="checkbox"/> VELLUM <input type="checkbox"/> </td> <td style="width: 50%;"> BLUE <input type="checkbox"/> BUFF <input type="checkbox"/> GREEN <input type="checkbox"/> PINK <input type="checkbox"/> SALMON <input type="checkbox"/> YELLOW <input type="checkbox"/> WHITE <input type="checkbox"/> </td> </tr> </table>	BOND - 16# <input type="checkbox"/> BOND - 20# <input type="checkbox"/> INDEX <input type="checkbox"/> LEDGER <input type="checkbox"/> LITHOCOATED <input type="checkbox"/> MANIFOLD <input type="checkbox"/> O.B. <input type="checkbox"/> O.B. - 60# <input type="checkbox"/> VELLUM <input type="checkbox"/>	BLUE <input type="checkbox"/> BUFF <input type="checkbox"/> GREEN <input type="checkbox"/> PINK <input type="checkbox"/> SALMON <input type="checkbox"/> YELLOW <input type="checkbox"/> WHITE <input type="checkbox"/>	<p style="text-align: center;">INK</p>	<p style="text-align: center;">TO BE PRINTED:</p> SINGLE SIDE <input type="checkbox"/> HEAD TO HEAD <input type="checkbox"/> HEAD TO FOOT <input type="checkbox"/> HEAD TO RIGHT <input type="checkbox"/> DOUBLE SIDE <input type="checkbox"/> HEAD TO LEFT <input type="checkbox"/> ALTERNATE <input type="checkbox"/> <p style="text-align: center;">SPECIAL INSTRUCTIONS:</p>
BOND - 16# <input type="checkbox"/> BOND - 20# <input type="checkbox"/> INDEX <input type="checkbox"/> LEDGER <input type="checkbox"/> LITHOCOATED <input type="checkbox"/> MANIFOLD <input type="checkbox"/> O.B. <input type="checkbox"/> O.B. - 60# <input type="checkbox"/> VELLUM <input type="checkbox"/>	BLUE <input type="checkbox"/> BUFF <input type="checkbox"/> GREEN <input type="checkbox"/> PINK <input type="checkbox"/> SALMON <input type="checkbox"/> YELLOW <input type="checkbox"/> WHITE <input type="checkbox"/>			

FOR FURTHER INFORMATION CALL (Name and Telephone Number)

MAILING USE ONLY:	MAILING LIST CODES	NO. OF SETS PER MAILING CODE REQUIRED	CLASS OF POSTAGE	TYPE & SIZE OF MAILER	TOTAL COPIES TO BE MAILED
-----		TYPE OF LABEL			DISTRIBUTION
-----		Cheshire <input type="checkbox"/>			All Employees <input type="checkbox"/>
-----		Gum <input type="checkbox"/>			Regular <input type="checkbox"/>
-----		Inventory <input type="checkbox"/>			Single Copy <input type="checkbox"/>
-----					Custom Count <input type="checkbox"/>

APPROVALS OF REQUESTING OFFICE			RECEIPT		
REQUESTED BY SIGNATURE & DATE	AGENCY CONTROL SIGNATURE & DATE	DEPARTMENTAL CLEARANCE	RECEIVED BY	DATE	

REQUEST FOR SHORT ORDER COPYING SERVICES *(Complete and use only portion below)*

AGENCY AND DIVISION CONTROL NUMBER <table style="width: 100%; border: none;"> <tr> <td style="width: 15px; height: 15px; border: 1px solid black;"></td> <td style="width: 15px; height: 15px; border: 1px solid black;"></td> <td style="width: 15px; height: 15px; border: 1px solid black;"></td> <td style="width: 15px; height: 15px; border: 1px solid black;"></td> </tr> </table>					PLEASE CHECK APPROPRIATE BOX PRINT 1 SIDE <input type="checkbox"/> PRINT 2 SIDES <input type="checkbox"/> LETTER SIZE <input type="checkbox"/> LEGAL SIZE <input type="checkbox"/> TRANSPARENCIES <input type="checkbox"/> OVERSIZE DOCUMENT <i>(Up to 24" wide)</i> <input type="checkbox"/> FULL COLOR COPYING <input type="checkbox"/> MICROFILMING <input type="checkbox"/>	FINISHING SERVICES COLLATE PUNCH & STAPLE <input type="checkbox"/> COLLATE & STAPLE ONLY <input type="checkbox"/> COLLATE & PUNCH ONLY <input type="checkbox"/> COLLATE ONLY <input type="checkbox"/> PUNCH ONLY <input type="checkbox"/>	PLEASE COMPLETE THE FOLLOWING INFORMATION AND INDICATE THE DATE (INCLUDING THE TIME) THAT THE JOB IS REQUIRED. WILL WAIT <input type="checkbox"/> CALL WHEN READY <input type="checkbox"/> _____ (Ext.) _____ (Room No.) _____ (Name) NEEDED BY _____ (Date) _____ (Hour) SPECIAL INSTRUCTIONS/INFORMATION
NO. ORIGINALS <table style="width: 100%; border: none;"> <tr> <td style="width: 15px; height: 15px; border: 1px solid black;"></td> <td style="width: 15px; height: 15px; border: 1px solid black;"></td> <td style="width: 15px; height: 15px; border: 1px solid black;"></td> </tr> </table>							
NO. COPIES PER EACH ORIGINAL <table style="width: 100%; border: none;"> <tr> <td style="width: 15px; height: 15px; border: 1px solid black;"></td> <td style="width: 15px; height: 15px; border: 1px solid black;"></td> <td style="width: 15px; height: 15px; border: 1px solid black;"></td> <td style="width: 15px; height: 15px; border: 1px solid black;"></td> </tr> </table>							