

**FORM REQUEST AND SPECIFICATIONS**

Form Title		Date September 10, 2003	
		Central File Number	
Requestor's Name	Unit	Telephone	DHS Form Number
<input type="checkbox"/> NEW <input type="checkbox"/> CONSOLIDATED <input type="checkbox"/> DISCONTINUED <input type="checkbox"/> REVISED <input type="checkbox"/> REINSTATED <input type="checkbox"/> PRINTING ONLY		Quantity Requested	Cost Center
		Date Needed	
<b>Complete This Section for New or Revised Forms</b>			
Method of Completion: <input type="checkbox"/> Hand <input type="checkbox"/> Typewriter <input type="checkbox"/> Computer		Rule Citation If Used by Public	DHS Manual Reference
Annual Usage	Frequency of Use	Is Use Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Seen by Public: <input type="checkbox"/> Yes <input type="checkbox"/> No
Records Management Manual Reference		Retention Time	
Color of Paper	Paper: <input type="checkbox"/> Bond: <input type="checkbox"/> Card Stock <input type="checkbox"/> _____ Part NCR <input type="checkbox"/> Continuous	Size: <input type="checkbox"/> 8½ x 11 <input type="checkbox"/> 8½ x 5½ <input type="checkbox"/> 8½ x 14 <input type="checkbox"/> Other:	Printing: <input type="checkbox"/> One Side <input type="checkbox"/> Flipped <input type="checkbox"/> Tumbled
Color of Ink			
Bindery: <input type="checkbox"/> Collate <input type="checkbox"/> Tape <input type="checkbox"/> Spiral	Staples:    _____ <input type="checkbox"/> Top <input type="checkbox"/> Left <input type="checkbox"/> Side <input type="checkbox"/> Saddle Stitch	<input type="checkbox"/> Snap Out  <input type="checkbox"/> No. of Folds	Punching: _____ Holes at <input type="checkbox"/> Top <input type="checkbox"/> Left Distance Center to Center:
Padding: <input type="checkbox"/> Fanapart Sets    _____ Sheets <input type="checkbox"/> Pads                _____ Sets		per pad at: <input type="checkbox"/> Bottom <input type="checkbox"/> Top <input type="checkbox"/> Left	<input type="checkbox"/> With Backing <input type="checkbox"/> Without Backing
Comments			
Requestor's Name		Division Signoff	
Disposition of Stock: <input type="checkbox"/> Use <input type="checkbox"/> Destroy		Blanket Distribution: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Forms Manager's Use</b>			
Comments			
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Quantity Approved	Form Manager's Name	Date
<b>Support Services' Use Only</b>			
Quantity Ordered		Vendor	
Requisition Number	Date Received	Quantity Received	Cost

Submit all 3 parts to the Forms Manager. If form is new or revised, send 2 printed samples to the Forms Manager.

Double-Click to Print!

Double-Click to Send!