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| DEQlogo-sm.bmp | **State of Oregon**  Department of Environmental Quality  811 SW Sixth Avenue  Portland OR 97204-1390 | | | | | | | | PRINT ORDER | | | | | | | | **Section Requisition Number:**  **OPS-049-15** | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | |
| BILLING & DELIVERY | | | | | | | | | | | | | | | | | | | | | |
| Agency: Department of Environmental Quality, Accounting  Agency number: 340000  Billing address: 811 SW 6th Avenue, Portland OR 97204-1334 | | | | | | | | | | | | | | | | | Ordered by:  Phone: | | | | |
| Delivery address: **mail please**  Call for pickup  Phone:  Contact & phone: **Jill Inahara, 503-229-5001** | | | | | | | | | | | | | | | | | Agency reference: **Qtime 43063**  Date ordered: **09/02/2014**  *(m/d/yyyy)*  Delivery date:  **9/3/2014**  *(m/d/yyyy)* | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| SERVICES REQUESTED  Copy/print  Variable data printing  Mailing  Main frame printing  Typeset/graphic design  Other service: | | | | | | | | | | | | | | | | | | | | | |
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| ORDER INFORMATION | | | | | | | | Select: New Job | | | | | | Job number       (if “Revised with Changes” or “Exact Reprint”) | | | | | | | |
| Project title: **Proposed Air Quality Rule Amendments Public Notice Postcard** | | | | | | | | | | | | | | | | | | | | | |
| Document number: **1** Rev. date:   *(m/d/yyyy)* | | | | | | | | | | | | | | | | | | | | | |
| Quantity (number of copies): **693** (numbers only) including State Library copies  **10 copies to be sent to State Library per ORS 357.090** | | | | | | | | | | | | | | | | | | | | | |
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| COPY INFORMATION Number of pages: **2** *(i.e.,number of originals)* | | | | | | | | | | | | | | | | | | | | | |
| Original size: 8.5 x 11 | | | | | | | | | | | | | | Finished size: 8.5 x 11 | | | | | | | |
| Copy prints:  1-sided  2-sided  NA | | | | | | | | | | | Head to head  Tumble head | | | | | | | Originals supplied:  Hard copy  Electronic | | | |
| Black copying  Color copying Other colors: | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | |
| PROOF INFORMATION  PDF  Paper/laser  None | | | | | | | | | | | | | | | | | | | | | |
| Send to (name or e-mail):  via None | | | | | | | | | | | | | | | | | | | | | |
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| COVER INFORMATION Number of cover pages:  Finished size:  *(width x height)* | | | | | | | | | | | | | | | | | | | | | |
| Prints:  Outside front  Outside back  Inside front  Inside back | | | | | | | | | | | | | | | | | | | | | |
| Black copying  Color copying Other colors: | | | | | | | | | | | | | | | | | | | | | |
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| STOCK INFORMATION | | | | Stock 1: Stock 1 | | | | | | | | Stock 2: Stock 2 | | | | | | | | | Stock 3: Stock 3 |
| Stock information: **bright colored cardstock please** | | | | | | | | | | | | | | | | | | | | | |
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| FINISHING INFORMATION  Cutting  Tab close | | | | | | | Uncollated  Perfect binding  Thermal bind  Coil | | | Staple upper left  Staple two left  Staple upper left, fold in half  Saddle stitch | | | | | | Drilling: Drill Position  Folding: None  Head in  Head out  Padding: Pad amount (amount) Pad Position (position) | | | | | |
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| PACKAGING INFORMATION  Best method *OR* | | | | | | | | | | | | | | | | | | | | | |
|  | | Shrink wrap – Quantity per wrap: | | | | | | | | | | | Box – Quantity per box:  *OR*  Weight per box: | | | | | | | | |
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| ADDITIONAL INFORMATION  **4 postcards on an 8 x 11 sheet, please cut and mail. Excel spreadsheet (SourceMailPostcard sheet) with addressess attached.** | | | | | | | | | | | | | | | | | | | | | |
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| MAILING INFORMATION | | | | | Service: Choose a Service | | | | | | | Envelope: Choose a Service | | | | | | | | Post class: Choose a Service | |
| Insert(s) information: | | | | | | | | | | | | | | | | | | | | | |
| *ADDRESS SERVICES* | | | | | | Fast forward  NCOA | | | | Delete duplicates  Shuttle (split field included) | | | | | | | | | Address correction service | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| AUTHORIZATION | | | Manager Approval:  **(Name)** | | | | | | | | | | | | Purchasing approval: | | | | | | |
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