GPO FORM 2511B
(R1/89)P .51718-6

PRINT ORDER

You are hereby authorized to manufacture and ship the following described product in accordance with the purchase order and specifications indicated.

DEPARTMENT	REQ. NO.	DATE	PURCHASE ORDER NO.	PRINT ORDER NO.
COMMERCE	3-00003		E-2027	

CONTRACTOR Carl Finn (716) 283-8700	JACKET NO.	ESTIMATED COST	SHIP/DEL DATE
Niagara Printing Corp, 8742 Buffalo Ave, Niagara Falls, NY 14304	528-004		

TITLE	OBJECT CLASS	STATE CODE	CONTR'S CODE	PROGRAM NO.
NEWSLETTERS	2415	310	64189	3367-S

PROOFS	SETS	DATE DUE TO GOV'T	DAYS GOV'T WILL HOLD	RETURN DATE TO CONTR.
Galley				
Page				
Slugs				

APPROPRIATION CHARGEABLE	BILLING ADDRESS CODE (BAC)	QUANTITY
	3510	

COMPOSITION: Phototype	Cold Type	Hot Metal	QUALITY LEVEL	TRIM SIZE

MATERIAL FURNISHED TO CONTRACTOR: Manuscript	Halftones	Line Illus.	Camera Copy	Negatives	Binders	Other
						CONTRACT EXPIRES: June 30, 2004

TEXT STOCK	COVER STOCK	NO. OF TEXT PAGES (including blanks)	FOLD-IN STOCK

FOUR COLOR PROCESS PRNTG. Cover 1	2	3	4	Text	INK Cover	Text	COVER PRINTS 1	2	3	4	FOLD-INS/FORMS Face Only	Face & Back	STRIP-INS	NEGATIVES (No. req)

BINDING			
	1 ULC	Sew	Band in Units of
	Saddle	Trim 4 Sides	Shrink Film Wrap Units of
	Side	Perf. on Fold	Other
	Perfect	Adhesive Strip	

Drill ____ Round Holes ____ " in diameter on ____ " side ____ inches c. to c.
Center holes ____ inches from ____ edge of sheet.
Pads of ____ sheets/sets each. Pad on the ____ side. Chipboard required.
Pack ____ per shipping container. ☐ Pallets required

DISTRIBUTION

RETURN NEGS TO GPO FOR STORAGE NO ☐ YES ☐

RETURN ORIG. AND/OR NEGS. TO:

DEPARTMENTAL AUTHORITY (signature and title)	PURCHASE OBLIGATION	DATE SENT TO CONTRACTOR

CONTRACTOR TO COMPLETE BOTTOM PORTION AND MAIL ENTIRE FORM TO: COMPTROLLER-FME, FINANCIAL MANAGEMENT SERVICE, U.S. GOVERNMENT PRINTING OFFICE, WASHINGTON, DC 20401

Contractor Invoice No. ____ Date Prepared ____

Date of Delivery/Shipment ____ Discount Terms ____

ARTICLES OR SERVICES	QUANTITY	COST	UNIT PRICE PER	AMOUNT
IF ADDITIONAL SPACE IS REQUIRED USE STD FORM 1034, 1035, OR ATTACH YOUR INVOICE			TOTAL	

I CERTIFY THAT THE MATERIALS, GOODS, OR SERVICES HAVE BEEN DELIVERED/SHIPPED ON THE DATE INDICATED ABOVE, AND THAT PAYMENT OR CREDIT HAS NOT BEEN RECEIVED.

____
(Signature of person authorized to sign)

The penalty for making false statements to the Government is prescribed in 18 USC 1001