



Simplified Purchase Agreement Work Order Form 4044

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

* Required Fields

QUOTES DUE BY

DEPARTMENT OR GOVERNMENT ESTABLISHMENT			REQ. NO. *			JACKET NO. *			SPA NO. *			WORK ORDER NO. *					
CLASSIFICATION * Classified <input type="checkbox"/> Yes <input type="checkbox"/> No			SBU <input type="checkbox"/> Yes <input type="checkbox"/> No			PII <input type="checkbox"/> Yes <input type="checkbox"/> No			PUBLICATION TITLE			DATE PREPARED			OBJECT CLASS		
CONTRACTOR						PURCHASE ORDER NO. *			STATE CODE *			CONTRACTOR'S CODE *			SHIP/DELIVERY DATE		

BILLING INFO
Component TAS/BETC

BILLING ADDRESS CODE (BAC) *				AGENCY LOCATION CODE (ALC)				APPROPRIATION CHARGEABLE/OBLIGATION NO.													
<input type="checkbox"/> PURCHASE CARD	PURCHASE CARD NO. (Info to appear on GPO copy only)						EXP. DATE		NAME AS IT APPEARS ON PURCHASE CARD				PHONE NO. OF CARDHOLDER								
TAS* Sub-level Prefix Code		Allocation Transfer Agency Identifier		Agency Identifier		Beginning Period of Availability		Ending Period of Availability		Availability Type Code		Main Account Code		Sub-Account Code		BETC*		LINE OF ACCOUNTING/DOCUMENT REFERENCE NUMBER (Info Will Appear on IPAC as Entered)			

SPECIFICATIONS

PROOFS <input type="checkbox"/> Content (QTY) <input type="checkbox"/> Inkjet (QTY) <input type="checkbox"/> High Resolution (QTY) <input type="checkbox"/> Prior to Production Samples (QTY) <input type="checkbox"/> Electronic Soft Proof										DAYS DEPT. WILL HOLD PROOFS		QUALITY LEVEL		QUANTITY (unit of finished product)			
FURNISHED ELECTRONIC MEDIA <input type="checkbox"/> Files to be sent via FTP or Email <input type="checkbox"/> CD/DVD (QTY)						OTHER GOVT. FURNISHED MATERIALS				PRESS SHEET INSPECTION <input type="checkbox"/> No. of Hours Notice		TRIM SIZE X					
COVER PAPER						COLOR OF COVER INKS				COVER COATING TYPE		PAPER COVERS (Self) (Separate)		INDICATE WHICH COVERS PRINT 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>			
TEXT PAPER						COLOR OF TEXT INKS				TEXT COATING TYPE		NUMBER OF TEXT PAGES		PRINT <input type="checkbox"/> One Side Only <input type="checkbox"/> Head to Head <input type="checkbox"/> Head to Foot			
STITCH <input type="checkbox"/> ULC <input type="checkbox"/> SIDE <input type="checkbox"/> SADDLE				BINDING <input type="checkbox"/> COMB <input type="checkbox"/> COIL <input type="checkbox"/> PERFECT BOUND <input type="checkbox"/> SEW <input type="checkbox"/> TAPE <input type="checkbox"/> TRIM 4 SIDES <input type="checkbox"/> OTHER													

ADDITIONAL INFORMATION

Digital Print Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No										<input type="checkbox"/> Supplemental Information Attached			

DELIVERY

DELIVER PRODUCT TO:								RETURN FURNISHED MATERIALS TO:					
<input type="checkbox"/> Distribution List Attached								Digital Deliverables Requested - Format: <input type="checkbox"/> Native <input type="checkbox"/> PDF					

SUPT. DOCS. NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO				SUPT. DOCS. QUANTITY ORDERED				SUPT. DOCS. DELIVERY ADDRESS			
CONTRACTOR TOTAL QUOTE				SUPT. DOCS. COST				ADDITIONAL RATE			

FOR ADDITIONAL INFORMATION CONTACT:						EMAIL				PHONE NO.			FAX NO.		
AUTHORIZING SIGNATURE (must be on file with GPO)						TITLE				DATE SENT TO CONTRACTOR					
ORDER RECEIVED BY: (Agency Representative)						DATE ORDER RECEIVED									

CONTRACTOR INVOICE

All contractor invoices are to be FAXED to GPO at 202.512.1851. For instructions on how to prepare your bill and get paid go to https://www.gpo.gov/how-to-work-with-us/vendors/how-to-get-paid													
I certify that the materials/services ordered have been delivered on the date indicated above and that payment or credit has not been received. The penalty for making false statements to the Government is prescribed in 18 USC 1001.													
CONTRACTOR SIGNATURE										DATE			

THIS FORM MUST BE FURNISHED TO GPO UPON SUBMISSION TO CONTRACTOR.



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ADDITIONAL INFORMATION				