

<b>REQUISITION FOR LOCAL DUPLICATING SERVICE</b>				1. DATE OF REQUEST		2. DATE REQUIRED		3. JOB NUMBER							
<b>PART A - REQUEST</b>															
<b>4. REQUESTING OFFICE</b>				<b>5. DELIVERY INSTRUCTIONS</b>											
a. ORGANIZATION			b. BUILDING		c. ROOM NO.		a. DELIVER TO								
d. FOR REFERENCE CONSULT: (1) Name				(2) Telephone Number		b. PERSON TO CALL IF TO BE PICKED UP (1) Name			(2) Telephone Number						
6. DESCRIPTION OF JOB		a. APPROPRIATION CHARGEABLE													
b. TITLE, FORM NO., ETC.				c. CLASSIFICATION <input type="checkbox"/> Classified <input type="checkbox"/> Unclassified <input type="checkbox"/> Other (Specify)		d. NO. OF ORIGINALS		e. NO. OF COPIES EACH		f. DISPOSITION OF ORIGINALS <input type="checkbox"/> Return <input type="checkbox"/> Destroy					
7. SPECIFICATIONS (X and complete all that apply)															
a. TYPE REPRODUCTION <input type="checkbox"/> Xerographic <input type="checkbox"/> Offset <input type="checkbox"/> Other (Specify)		b. PRINT <input type="checkbox"/> One Side <input type="checkbox"/> Head to Head <input type="checkbox"/> Head to Foot <input type="checkbox"/> Other (Specify)		c. FINISHED SIZE <input type="checkbox"/> 8-1/2 X 11 <input type="checkbox"/> Other (Specify)		d. PAPER <input type="checkbox"/> White <input type="checkbox"/> Other (Specify)		e. INK <input type="checkbox"/> Black <input type="checkbox"/> Other (Specify)							
f. COLLATE <input type="checkbox"/> Yes <input type="checkbox"/> No		g. STAPLE <input type="checkbox"/> Yes <input type="checkbox"/> No		h. ADDITIONAL SPECIFICATIONS (Including distribution, punching, padding, location of staples, etc.)											
<b>8. REQUESTER CERTIFICATION. I certify that this work is authorized by regulations and is necessary to the conduct of official business.</b>															
a. PRINTED NAME OF REQUESTER			b. SIGNATURE OF REQUESTER				c. SIGNATURE OF PRINTING CONTROL OFFICIAL								
<b>PART B - APPROVAL (For reproduction unit use only)</b>															
9. DATE RECEIVED		10. PRIORITY		11. OPERATOR		12. DATE COMPLETED		13. NO. OF COPIES REPRODUCED		14. DATE RECEIVED BY REQUESTER		15. JOB RECEIVED BY		14. DATE REQUESTER NOTIFIED JOB IS COMPLETE	

**DD FORM 844, FEB 89**

*Consolidates DD Form 283 and DD Form 844,  
which may be used until supply is exhausted.*

*Adobe Professional 8.0*