



▼ FOR OFFICE USE ONLY ▼

JOB #: _____

PART ONE: CONTACT INFORMATION & ORDER OVERVIEW

☐ New Job ☐ Exact Reprint ☐ Revised **Previous Job Number:** _____ **Quote Number:** _____
Requesting Agency: _____ Date: _____
Contact Person: _____ Phone: () _____
Email: _____ Purchase Order/Req. # (if applicable): _____
Is a Proof Required? ☐ No ☐ Yes **If Yes, What Type?** ☐ PDF Proof (Emailed) ☐ Laser Proof (Hard Copy) ☐ Color-Match Proof (Hard Copy)

PART TWO: INVOICE & DELIVERY INFORMATION

Invoice To:	Delivery Street Address OR <input type="checkbox"/> Customer Pick-Up
Name: _____	_____
Email: _____	_____
Phone: _____	_____
	ATTN: _____ Phone: () _____

PART THREE: JOB DETAILS

Product: ☐ Book ☐ Brochure ☐ Carbonless Form ☐ Flat Printing ☐ Post Card ☐ Rack Card ☐ Other/Not Sure
Job Name: _____ Size: _____ x _____ Quantity: _____
Form No. (if applicable): _____ Revision Date: _____ **Delivery:** Approx. Timeframe: _____ or Specific Date Needed: _____

Describe your printing project. Instructions & Tips are located on page 2 (reverse). Be sure to include binding or finishing options (padding, wrapping, punching, etc).

PART FOUR: APPROVALS

Approved By (Print): _____ Title: _____
Authorized Signature: _____ Date: _____

INSTRUCTIONS & TIPS FOR COMPLETING FORM DA 200

PART ONE

Exact Reprint vs. Revised: If you are requesting an exact reprint of a previous order (with no alterations or changes whatsoever), you should check "Exact Reprint." If any information has changed from the previous order, check "Revised." If this is an original order, please check "New Job."

Previous Job Number: If you are requesting a repeat order, or an order similar to one you have previously placed with OTS-PSS, enter the previous Job Number. If this is an original order, please leave this field blank.

Quote Number: If you received a quote for this print job from OTS-PSS, include the Quote Number in this field.

Requesting Agency: Enter the name of your department, section, and business unit (as required). If you know your OTS-PSS customer account number, you may enter it on this line as well.

Date: Enter the date of your printing request. This is the date you intend to submit the request to OTS-PSS for review.

Contact Person: Enter the name of the individual who will serve as your agency's point of contact for this particular request. The contact should be able to answer questions specific to the request and to forward any proofs or correspondence to the correct agency personnel.

Proof Required: Will your order require a Proof? Proofs are a representative sample of your finished product. OTS-PSS provides electronic (PDF) or laser (hard copy) proofs free of charge. Color-matched proofs may result in charges. Contact your OTS-PSS representative if you have questions about which type of proof, if any, is most appropriate for your order.

PART TWO

Invoice To: Please list the name, email address, and phone number for your agency's Accounts Payable or Purchasing contact. This is the individual to whom the electronic invoice will be sent.

Delivery Street Address: If your order will be delivered or shipped to your location, please provide a complete street address (including your floor, suite, room, or cubicle number). An OTS-PSS representative will call the order's Contact Person (see part one) if additional information is required. Please note that incomplete delivery addresses, deliveries to multiple destinations, or deliveries to more than one floor of a building may result in extra delivery fees.

If your order will be picked up from OTS-PSS Louisiana Enterprise Print Center, please check "Customer Pick-Up."

PART THREE

Product: Most printed products are classified according to their "type." The most common types are listed in this field; check the box that most closely matches the type of product you are requesting. If none of the common types match your request (such as Envelopes), or if you are unsure of your selection, check "Other/Not Sure."

Job Name: Enter the name of your project. For example, "2017 Annual Report" or "Program Application Brochure." The Job Name will appear as a reference on order materials.

Quantity: Enter the total quantity of finished pieces you are requesting. If you are unsure of your selection, please feel free to contact OTS-PSS.

Size: Enter the FINISHED size of your printed document. Finished size usually refers to the size of a single page (as in a book) or a single panel (as in a brochure). Express size dimensions as WIDTH x HEIGHT, never the other way around. If you are unsure of your finished size, you may skip this field.

In this field, you must describe your project to OTS-PSS in as much detail as possible. Do not worry about using correct printing industry terminology to describe your project. A representative of OTS-PSS will contact you if additional information is required.

Job Details: Describe your printing project. **Required information for ALL orders includes:** (1) your choice of paper(s) on which to print your document; (2) your choice of color versus black & white ink throughout the document; (3) whether your document will print front only (simplex) or front-and-back (duplex); (4) any bindery or finishing operations (padding, wrapping, numbering, punching, etc.); AND (5) *the timeframe in which you would like to receive your order.*

Books: (1) the total number of pages in the book, including BOTH sides of both the front and back covers, as applicable; (2) the binding type, such as coil bind, saddle stitch, staple upper-left, perfect bind, etc.; AND (3) the type of paper on which the cover and text of the books will be printed.

Brochures: (1) the flat sheet size [the size of the brochure BEFORE IT IS FOLDED]; AND (2) the type of fold you have selected for your brochure, such as Z-fold, accordion fold, etc.

Carbonless Forms: (1) the number of parts [2-part, 3-part, 4-part, etc.]; (2) the color sequence of each part [write "Standard Sequence" for factory standard, or for a Custom Sequence, indicate each part's color; Part 1: White, Part 2: Canary, Part 3: Pink, etc.]

PART FOUR

Approved By: PRINT the name of the approving authority.

Approver's Title: Enter the job title of the approving authority.

Signature: The approving authority must sign (or E-sign) the DA 200 prior to its submission to OTS-PSS.

Date: The date on which the REQUEST was approved for submission to OTS-PSS.