

**STANDARD FORM APPROVAL REQUEST**

FMC 110A (REV. 5-98)

**Forms Management Center staff will assist in developing specifications. Submit one copy of this request with the draft of a proposed new Standard State form. If the form has previously been printed as a departmental form, attach a copy of the last printing requisition and a sample of the form from that printing.**

<b>FOR FMC USE ONLY</b>
FORM NUMBER APPROVED

TO

**FORMS MANAGEMENT CENTER, OFFICE OF STATE PUBLISHING, DEPARTMENT OF GENERAL SERVICES**

from (Department, Division, Unit)	DATE REQUESTED
-----------------------------------	----------------

CONTACT PERSON (Typed or printed name)	TELEPHONE NUMBER
--	------------------

PROPOSED FORM TITLE

PURPOSE AND BENEFIT OF THIS FORM (If there is a legal, statutory, or policy requirement, enter Code number(s) SAM Section number(s), etc.)

RECOMMENDED RETENTION PERIOD

USERS WILL BE

PUBLIC
  INSIDE STATE SERVICE
  OTHER (Specify) \_\_\_\_\_

DATA TO BE ENTERED FROM (Specify form numbers or document titles)	DATA TO BE ENTERED TO (Specify form numbers or document titles)
---	---

REPLACES/COMBINES (Specify form numbers or document titles)

TO BE FILLED IN BY

PENCIL/PEN
  TYPEWRITER
  COMPUTER
  OTHER METHOD (Specify) \_\_\_\_\_

FORM CONSTRUCTION <input type="checkbox"/> SINGLE SHEETS <input type="checkbox"/> PADS (Specify number of sheets or sets per pad) <input type="checkbox"/> CONTINUOUS (For printing by pin-feed computer printer)	NUMBER OF COPIES PREPARED AT ONE WRITING
<input type="checkbox"/> MULTI-PLY SETS <input type="checkbox"/> BOOKS (Specify number of pages or sets to be bound) <input type="checkbox"/> CARBON INTERLEAVED <input type="checkbox"/> CARBONLESS	

FORM SIZE (Specify width first)	PRINT <input type="checkbox"/> ONE SIDE <input type="checkbox"/> TWO SIDES	IF TWO SIDES, PRINT <input type="checkbox"/> HEAD TO HEAD <input type="checkbox"/> HEAD TO FOOT	PAPER COLOR	INK COLOR
---------------------------------	---	--	-------------	-----------

EXPECTED ANNUAL USE	PEAK USAGE--MONTHS/QUANTITIES	QUANTITY TO BE PRINTED	DATE SUPPLY IS NEEDED
---------------------	-------------------------------	------------------------	-----------------------

SPECIAL INFORMATION (Include recommended distribution unit, i.e., pad, camera-ready copy, or any other special requirements)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DEPARTMENTAL FORMS MANAGEMENT COORDINATOR (Signature)	COORDINATOR'S TELEPHONE NUMBER	DATE SIGNED
---	--------------------------------	-------------

RESPONSIBLE MANAGER (Signature)	DATE SIGNED
---------------------------------	-------------

<b>FMC APPROVAL</b>		
FMC APPROVAL (Signature)	ITEM CODE NUMBER	DATE APPROVED

COMMENTS

\_\_\_\_\_

\_\_\_\_\_