


PUBLISHING ORDER

STD. 67 (REV. 10/2019)

<div><input type="checkbox"/> 1. MASS MAIL SERVICES REQUIRED</div>					2. MATERIAL DUE MASS MAIL		10. DATE WANTED		11. AGENCY REQUISITION NUMBER		12. AGENCY BILLING CODE		13. OSP JOB NUMBER				
3. AGENCY NAME					4. IMS CODE		14. COST QUOTE		15. ESTIMATE NUMBER		16. QUOTED BY		17. AMOUNT ENCUMBERED		18. CHAPTER	19. STATUTE	20. FY
5. PERSON ISSUING ORDER				6. TELEPHONE NUMBER		7. DATE TYPED		21. LINE ITEM CODE/CALSTARS CODE			22. COMPOSING NEEDED <div><input type="checkbox"/> YES <input type="checkbox"/> NO</div>		23. PROOF REQUIRED <div><input type="checkbox"/> YES <input type="checkbox"/> NO</div>		24. LAST JOB NUMBER <i>(Attach 2 copies of latest printed material)</i>		
8. SHIPPING ADDRESS (FOR MASS MAIL RESIDUE, SEE BOXES 61 AND 63)								25. INQ. TO / PROOFER			26. TELEPHONE NUMBER		27. FAX NUMBER		28. EMAIL ADDRESS		
								29. QUANTITY Finished product <i>(Also see Box 55 LDA)</i>		30. No. of ORIGINALS		31. CONTAINS PAID ADVERTISING <div><input type="checkbox"/> YES <input type="checkbox"/> NO</div>		32. PRINT: <div><input type="checkbox"/> ONE SIDE <input type="checkbox"/> HEAD/HEAD <input type="checkbox"/> TWO SIDES <input type="checkbox"/> HEAD/FOOT</div>			
9. SPECIAL SHIPPING INSTRUCTIONS <div><input type="checkbox"/> DELIVER <input type="checkbox"/> CALL <input type="checkbox"/> PICKUP <input type="checkbox"/> SEE ATTACHMENT <input type="checkbox"/> RETURN ORIGINALS TO: _____</div>								PUBLICATIONS		45. No. of PAGES		46. SIZE <i>(Width first)</i>		ADDRESSING/MASS MAIL SERVICES <i>Furnish mail list updates at least five working days before mass mailing date. If mail services are used, a completed DGS OSP 104 mail questionnaire must be submitted with this STD 67 Publishing Order.</i> <div><input type="checkbox"/> 55. LDA (See back) (Also see Box 29)</div>			
								47. TEXT PAPER / INK		48. COVER PAPER / INK							
FORMS								49. BINDING <div><input type="checkbox"/> PERFECT BIND <input type="checkbox"/> LOOSE LEAF SLIPSHEET <input type="checkbox"/> PASTED SPINE <input type="checkbox"/> COMB BIND <input type="checkbox"/> SADDLE STITCH <input type="checkbox"/> TAPE SIDE STITCH <i>(Indicate 1 or 2 stitch)</i> <input type="checkbox"/> 1 STITCH <input type="checkbox"/> 2 STITCH</div>				56. TITLE OF MATERIAL					
								33. <div><input type="checkbox"/> UNIT SET <input type="checkbox"/> CONTINUOUS</div>				34. SIZE <i>(Width first)</i>		57. MUST MAIL BY DATE		58. CLASS OF MAIL	
35. FORMS PROCESSED BY: <div><input type="checkbox"/> TYPEWRITER <input type="checkbox"/> AUTOMATED</div>				36. BIND/TAB SIZE & LOCATION		37. No. of PARTS		59. MAILING LIST NAME/NUMBER <div><input type="checkbox"/> CUSTOMER SUPPLIED <input type="checkbox"/> FTP <input type="checkbox"/> DISK <input type="checkbox"/> E-MAIL</div>									
38. PLY		STOCK	WT	COLOR		INK	39. <div><input type="checkbox"/> LASER PRINTER COMPATIBLE INK</div>									52. IF JOB REQUIRES FOLDING, SUPPLY FOLDED SAMPLE <div>No. of FOLDS SIZE AFTER FOLD</div>	
1							40. <div><input type="checkbox"/> CARBON <input type="checkbox"/> NCR</div>	50. PERFORATE - Include Sample		53. PACKAGE <div><input type="checkbox"/> TIE <input type="checkbox"/> SHRINK WRAP <input type="checkbox"/> BAND UNITS PER PKG.</div>		60. TYPE OF LABEL <div><input type="checkbox"/> No. 10s <input type="checkbox"/> P/S LABELS <input type="checkbox"/> No. 95s <input type="checkbox"/> 4-UP LABELS <input type="checkbox"/> CARDS <input type="checkbox"/> ON MATERIAL</div>					
2							51. PUNCH - No. of Holes <div>PUNCH POSITION <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> T <input type="checkbox"/> B PUNCH CENTER TO CENTER <input type="checkbox"/> 2 3/4" <input type="checkbox"/> 4 1/4" <input type="checkbox"/> OTHER</div>		54. SHIP <div><input type="checkbox"/> CARTON <input type="checkbox"/> PALLET <input type="checkbox"/> OTHER</div>							61. RESIDUE <div><input type="checkbox"/> WILL CALL <input type="checkbox"/> UPS <input type="checkbox"/> REGULAR MAIL <input type="checkbox"/> DELIVER <input type="checkbox"/> IMS <input type="checkbox"/> RECYCLE</div>	
3							41. QTY. PER PAD/BOOK <div><input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> T <input type="checkbox"/> B <input type="checkbox"/> B</div>	42. FASTEN <div>CRIMP <input type="checkbox"/> L <input type="checkbox"/> R GLUE <input type="checkbox"/> L <input type="checkbox"/> R PARTS <input type="checkbox"/> ALL, or</div>		62. RELEASED BY MASS MAIL <div></div> RELEASE DATE							
4							43. NUMBER - Beginning Ending							44. MISSING NUMBER OK? <div><input type="checkbox"/> YES <input type="checkbox"/> NO</div>		63. RESIDUE DELIVERY ADDRESS <div><input type="checkbox"/> 64. See Attached for Additional Mailing Instructions</div>	
5							45. JOB TITLE / SPECIAL INSTRUCTIONS (Title, Form No, & Revision Date or Revision No.)	If this is a legal deadline, provide Legislation Code _____									
6							65. PERSON AUTHORIZING EXPENDITURE	67. APPROVED BY									
7																	

☐ Specification Sheet Attached

In the event of any material breach, failure, error or default by the Office of State Publishing (OSP), the customer's remedies shall be limited to the return of finished goods and the repayment of any sums paid to OSP by the customer for such finished goods or, in the alternative, replacement for such finished goods; provided, however, that OSP's maximum liability shall not exceed the amount of any sums paid to OSP by the customer. In no event shall the customer be entitled to recover any consequential or incidental damages of any type, including but not limited to lost revenues, allegedly caused in whole or in part by any delay, failure or nonperformance of, or breach or default by OSP. The only exceptions are requirements in statute, law or contractual agreements.

INSTRUCTIONS

1. If Mass Mail services are required, check here.
2. Office of State Publishing (OSP) use only, no entry necessary.
3. Provide agency name.
4. Provide Interagency Mail Service Code.
5. Provide the contact person's name.
6. Provide the contact person's telephone number.
7. Enter date the order is typed.
8. Shipping address.
9. Check delivery preference.
10. Enter your requested delivery date.
11. Agency requisition identification number. This information is provided by your agency.
12. Provide agency billing code.
13. OSP use only, no entry necessary.
14. Fill in if an estimate has been given by OSP.
15. Provide estimate number given to you by OSP.
16. Provide the name of the OSP CSR issuing quote.
17. You must enter the amount of funds encumbered for this printing order.
18. This information provided by your agency.
19. This information provided by your agency.
20. Enter the fiscal year in which funds are to be encumbered for this printing order.
21. This information provided by your agency.
22. Indicate whether typesetting services are required for this printing order.
23. Indicate if a proof is wanted. Even if you do not request a proof, OSP will typically provide a proof on jobs with any change, all new jobs and all jobs that do not have a sample provided with the order. Large digital projects may also require a proof prior to production.
24. Enter the last OSP job number or copy identification number (usually located in the lower right hand corner of the form, brochure, or last printed page of the publication; or it can be obtained from your business service office.)
- 25 through 28. Enter the name, telephone and fax numbers, and email address of the person who can answer questions about this job and/or will approve the proof.
29. Also see Box 55. Order quantity—number of each, sets of forms, etc.
NOTE: Due to the high speed of the automated equipment at OSP, a delivery quantity of 10 percent over or under will constitute a complete shipment. If any exact quantity is required, please indicate.
30. Indicate number of camera-ready copy originals submitted.
31. Indicate whether this print order contains paid advertising.
32. Check here to indicate if the material is to be printed on one or both sides. If the material is printed two-sided, also specify either head/head or head/foot.
33. Type of form—check continuous or unit set (snap out).
34. Enter size (give width first, i.e., if letterhead, state 8 1/2" x 11").
35. Indicate whether form will be processed through typewriter or computer.
36. Enter tab size and location. Unit set standard tab size is 5/8" and continuous is 1/2".
37. Enter the number of parts. An original plus 2 copies equals 3 parts.
38. Stock description and ink specification for business forms.
39. Indicate whether preprinted form will be used on a laser printer.
40. Indicate whether form requires carbon or NCR.
41. Indicate how many sheets or sets per pad or book and the location of the binding.
42. Fasten - indicate how multiple part continuous form is to be held together.
43. Indicate beginning number and ending number.
44. Missing number(s) OK?—Some forms that are numbered, like receipt books, must have all of the numbers accounted for in the event of an audit. In this case, you will want to check the box that indicates that the missing numbers are NOT acceptable and must be made up. In other cases, for instance the state job application, each number does not have to be accounted for and it is acceptable to have missing numbers.
45. Indicate the number of pages. (A page is one side of a sheet of paper.)
46. Indicate finished size of publication (give width first, i.e., 8 1/2" x 11").
47. Specify text paper, weight and PMS ink color(s).
48. Specify cover paper, weight and PMS ink color(s).
49. Indicate type of binding.
50. If perforation is required, include a delineated sample or "dummy".
51. Indicate number of holes to be punched. Indicate the position of the holes, i.e., left, right, top or bottom. This is the distance from the center of one hole to the center of the next hole. Some standard measurements are:

2-hole punch	2 3/4" center to center
3-ring binder	4 1/4" center to center

Specify if "other" or if a sample is provided.
52. Indicate number of folds in product and include a sample or fold "dummy". Indicate size of finished product.
53. Indicate type of packaging required and number of units per package.
54. Indicate whether finished product should be delivered in cartons and/or pallets.
55. Library Distribution Act (LDA) - The Government Code Section 14900-14912 requires that any publication that is of interest to the general public be distributed to California's depository libraries. OSP offers the service of distributing the publications for a nominal fee. If your publication requires LDA distribution, you will be responsible for the cost of printing the additional LDA copies. LDA quantity will be added to the quantity in box 29 if box 55 is checked.
56. Form number or title of material to be mailed.
57. Indicate last acceptable date for job to be mailed.
58. Indicate if the product is to be mailed first class or presort standard, etc.
59. Provide mailing list name or number. Indicate how list will be provided.
60. Check appropriate boxes to indicate label or envelope type if known.
61. Check appropriate box to indicate how to handle residue.
62. OSP use only, no entry necessary.
63. Tell us where you want us to deliver residue.
64. Check if additional mailing instructions are provided.
65. Indicate the job title, form number and revision date or revision number. Use this area to explain any specifications not otherwise covered on the rest of this form. Indicate legislative code requiring legal mailing if applicable.
66. Must have name or signature of person authorizing the expenditure.
67. Name or Signature of person approving work to be done.