

**STANDARD PAPER FORMS ORDERS and
STATE APPOINTMENT CALENDAR ORDERS**

OSP 600 (Rev. 9/2015) (Formerly FMC 200)

FULFILLMENT SERVICES

Office of State Publishing (IMS P-6)
344 North 7th Street
Sacramento, CA 95811-0291

Customer Service

(916) 324-4635 or
Toll-Free: 1-800-964-3214
FAX: (916) 324-9908

PRICING UPDATE - Effective July 1, 2014, DGS implemented a statewide annual billing capturing all expenses for the mandated State Standard (STD.) Forms Program. The statewide billing spreads program expenses among all state agencies. Due to this statewide billing method, the **Office of State Publishing (OSP)** no longer charges state agencies for individual STD. Forms purchases. For additional pricing information, please visit the following website: <http://www.dgs.ca.gov/osp/Forms.aspx>

Please complete the OSP 600 to order *hardcopy* STD. Forms and the 2016 State Appointment Calendar.

Effective FY 2015/2016, OSP has a new order form, OSP 600, which replaces the FMC 200 order form.

Please access this form via the OSP website: <http://www.dgs.ca.gov/osp/Forms.aspx>

For additional information, please contact Fulfillment Services Customer Service at the numbers above.

Urgent Call-In / Pick-Up Orders Instructions

Urgent orders may be picked up for emergency business needs within a 48-hour timeframe.

Please call the Fulfillment Services Customer Service at the contact numbers above to request pick-up orders.

2016 STATE APPOINTMENT CALENDAR, has been renamed to OSP 101, formerly STD. 101.

The new calendar is no longer included within the STD. Forms Program. It has become an Office of State Publishing publication.

A package of 10 appointment calendars can be purchased for \$10. Please complete the sections below before submitting orders. Due to the high volume of state calendar orders received, please allow up to 30 business days for shipments to arrive.

A - 2016 STATE APPOINTMENT CALENDAR <i>(Accepting orders beginning 11/1/2015)</i>	B - UNIT PKG 10 calendars per package	C - Enter Unit Package Quantity Below \$10.00 X _____ =	D - Enter TOTAL AMOUNT \$ _____
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1. Section "C"- Fill in the number of unit packages you are ordering above. Multiply the quantity of unit packages times \$10.

2. Section "D" - Place the total dollar amount above.

NOTE: Please ensure the total dollar amount is calculated correctly. Your billing invoice will reflect the correct total.

Please complete the requested information below for all orders.

ORDER DATE:	SIGNATURE OF PERSON AUTHORIZING THE ORDER	ORDERS WITHOUT SIGNATURES and MISSING BILLING CODES WILL BE RETURNED AND NOT PROCESSED
SHIP TO DEPARTMENT:	AUTHORIZING PERSON'S NAME (PRINT OR TYPE)	Place 5-Digit Agency Billing Code Below:
OFFICE:	CONTACT PERSON'S NAME:	AGENCY INTERNAL ORDER NUMBER (Optional)
ADDRESS: (PO BOXES NOT ACCEPTED)	EMAIL ADDRESS:	FULFILLMENT SERVICES USE ONLY: ADDRESS ID #
CITY, STATE, ZIP CODE:	CONTACT PERSON'S PHONE NUMBER:	Call-In / Pick-Up Order Confirmation: Customer Name: Pick-up Date and Time:
SPECIAL INSTRUCTIONS:		

STD. FORM	UNIT	QTY	STD. FORM	UNIT	QTY	STD. FORM	UNIT	QTY	STD. FORM	UNIT	QTY	STD. FORM	UNIT	QTY
7	Pad/100		204	Pad/50		432	Pad/50		637	Pad/50		687	Pkg/50	
65	Pkg/50		209	Pad/25		438	Pad/50		637A	Pad/50		689	Pad/50	
65A	Pkg/50		218cont	Box/850		439	Pad/50		640	Pad/50		692	Pkg/25	
65 cont	Box/550		236	Pad/100		456A	Pkg/100		644	Pad/25		696	Pkg/25	
66A	Pad/100		254	Pkg/100		457	Pkg/100		645	Pkg/100		699	Pkg/25	
75	Pkg/100		262	Pad/50		501	Pkg/100		664cont	Box/1000		700	Pkg/25	
76	Pkg/100		262A	Pad/100		603	Pad/50		671	Pad/50		701C	Pkg/25	
76 cont	Box/1500		269	Pkg/25		607A	Box/700		674	Pad/50		701R	Pkg/25	
77	Pkg/100		270	Pad/25		608	Pkg/50		674AR	Pad/50		702	Pkg/25	
100	Pad/100		271	Pkg/5		608A	Pkg/50		674D	Pad/50		703	Pkg/50	
100B	Pkg/100		273	Book/1		610	Pkg/50		678	Pkg/100		966	Pad/50	
106	Book/50		340	Pad/50		634	Pad/50		681	Pad/50		689	Pad/50	
107	Pad/100		350A	Pkg/100		636	Pad/50		682	Pad/75		692	Pkg/25	
115	Pkg/100		403	Pkg/50		636A	Pkg/50		683	Pad/50		696	Pkg/25	
117	Box/250		404C	Box/2000					686	Pkg/50				