



Simplified Purchase Agreement Work Order Form 4044

You are hereby authorized to manufacture and ship the following described product in accordance with the purchase order and specifications indicated.

* Required Fields

QUOTES DUE BY

DEPARTMENT OR GOVERNMENT ESTABLISHMENT			REQ. NO. *			JACKET NO. *			SPA NO. *			WORK ORDER NO. *					
CLASSIFICATION * Classified <input type="checkbox"/> Yes <input type="checkbox"/> No SBU <input type="checkbox"/> Yes <input type="checkbox"/> No PII <input type="checkbox"/> Yes <input type="checkbox"/> No			PUBLICATION TITLE						DATE PREPARED			OBJECT CLASS					
CONTRACTOR						PURCHASE ORDER NO. *			STATE CODE *		CONTRACTOR'S CODE *		SHIP/DELIVERY DATE				
BILLING INFO Component TAS/BETC	BILLING ADDRESS CODE (BAC) *			AGENCY LOCATION CODE (ALC)			APPROPRIATION CHARGEABLE/OBLIGATION NO.										
	<input type="checkbox"/> PURCHASE CARD TAS*: Sub-level Prefix Code	PURCHASE CARD NO. (Info to appear on GPO copy only)				EXP. DATE	NAME AS IT APPEARS ON PURCHASE CARD				PHONE NO. OF CARDHOLDER						
		Allocation Transfer Agency Identifier	Agency Identifier	Beginning Period of Availability	Ending Period of Availability	Availability Type Code	Main Account Code	Sub-Account Code	BETC*	LINE OF ACCOUNTING/DOCUMENT REFERENCE NUMBER (Info Will Appear on IPAC as Entered)							
PROOFS <input type="checkbox"/> Content (QTY) <input type="checkbox"/> Inkjet (QTY) <input type="checkbox"/> High Resolution (QTY) <input type="checkbox"/> Prior to Production Samples (QTY) <input type="checkbox"/> Electronic Soft Proof												DAYS DEPT. WILL HOLD PROOFS		QUALITY LEVEL		QUANTITY (unit of finished product)	
FURNISHED ELECTRONIC MEDIA <input type="checkbox"/> Files to be sent via FTP or Email <input type="checkbox"/> CD/DVD (QTY)						OTHER GOVT. FURNISHED MATERIALS				PRESS SHEET INSPECTION <input type="checkbox"/> No. of Hours Notice		TRIM SIZE X					
COVER PAPER						COLOR OF COVER INKS		COVER COATING TYPE		PAPER COVERS (Self) <input type="checkbox"/> (Separate) <input type="checkbox"/>		INDICATE WHICH COVERS PRINT 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>					
TEXT PAPER						COLOR OF TEXT INKS		TEXT COATING TYPE		NUMBER OF TEXT PAGES		PRINT <input type="checkbox"/> One Side Only <input type="checkbox"/> Head to Head <input type="checkbox"/> Head to Foot					
STITCH <input type="checkbox"/> ULC <input type="checkbox"/> SIDE <input type="checkbox"/> SADDLE			BINDING <input type="checkbox"/> COMB <input type="checkbox"/> COIL <input type="checkbox"/> PERFECT BOUND <input type="checkbox"/> SEW <input type="checkbox"/> TAPE <input type="checkbox"/> TRIM 4 SIDES <input type="checkbox"/> OTHER														
Digital Print Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No												<input type="checkbox"/> Supplemental Information Attached					
DELIVERY	DELIVER PRODUCT TO:						RETURN FURNISHED MATERIALS TO:										
	<input type="checkbox"/> Distribution List Attached						Digital Deliverables Requested - Format: <input type="checkbox"/> Native <input type="checkbox"/> PDF										
SUPT. DOCS. NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO			SUPT. DOCS. QUANTITY ORDERED			SUPT. DOCS. DELIVERY ADDRESS											
CONTRACTOR TOTAL QUOTE			SUPT. DOCS. COST			ADDITIONAL RATE											
FOR ADDITIONAL INFORMATION CONTACT:						EMAIL			PHONE NO.		FAX NO.						
AUTHORIZING SIGNATURE (must be on file with GPO)						TITLE			DATE SENT TO CONTRACTOR								
ORDER RECEIVED BY: (Agency Representative)									DATE ORDER RECEIVED								
CONTRACTOR INVOICE	All contractor invoices are to be FAXED to GPO at 202.512.1851. For instructions on how to prepare your bill and get paid go to https://www.gpo.gov/how-to-work-with-us/vendors/how-to-get-paid																
	I certify that the materials/services ordered have been delivered on the date indicated above and that payment or credit has not been received. The penalty for making false statements to the Government is prescribed in 18 USC 1001.																
CONTRACTOR SIGNATURE								DATE									

THIS FORM MUST BE FURNISHED TO GPO UPON SUBMISSION TO CONTRACTOR.

FEBRUARY 2014



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PUBLICATION TITLE		BILLING ADDRESS CODE (BAC)		
CONTRACTOR	PURCHASE ORDER NO.	STATE CODE	CONTRACTOR'S CODE	
ADDITIONAL INFORMATION				