

REQUEST FOR PRINTING, COPYING OR DUPLICATING SERVICES

(See Instructions on Page 2)

☐ New ☐ Revised ☐ Reprint
☐ Business Cards ☐ Rush

1. Agency Control Number: (ASD Use Only)

2. Internal Use Only

O.O. Number:

3. Agency:

4. Program/Office/Division:

5. Date Submitted: (mm/dd/yyyy)

6. Date Needed: (mm/dd/yyyy)

7. Program Code/Short Hand Code:

8. Title or Description of Material(s):

9. Number of Pages:

10. Quantity:

11. Size Required:

12. Other Services: (Specify)

☐ Fold ☐ Padding ☐ Saddle Stitch
☐ Perforate ☐ Punch ☐ Perfect Bind
☐ Collate ☐ Staple(s) ☐ 1 ☐ 2 ☐ 3 ☐ Shrink Wrap

13. Paper:

Available Stock:

☐ Bond ☐ Index ☐ Lithocoated ☐ Vellum ☐ Manifold ☐ Carbonless Paper ☐ Offset Book

Color:

☐ Blue ☐ Buff ☐ Green ☐ Pink ☐ Salmon ☐ Yellow ☐ White ☐ Other (Specify)

14. Ink:

☐ Black ☐ Blue ☐ Red ☐ Other (Specify)

15. To be Printed:

☐ One Side ☐ Head to Head ☐ Head to Foot

16. Special Instructions: (Attach Additional Sheets if Necessary)

17. For Further Information Call: (Name and Phone of Requestor)

18. Mailing: (Delivery/Stocking Point)

☐ Materiel Management Service Center (MMSMC)
6351 Ammendale Road
Beltsville, MD 20705
(301-394-0400)

☐ Other: (Specify One Location)

☐ Multiple Addresses: (See Attached Distribution List)

19. Approvals of Requesting Office:

Program/Office Signature:

Agency Control Signature:

20. Received by:

Date: (mm/dd/yyyy)

21. Departmental Clearance Signature:

INSTRUCTIONS FOR COMPLETING FSIS 2600-1

Please check the appropriate box to indicate type of request; check 'RUSH' if job is needed in less than 3-5 business days.

1. **Agency Control Number** - Leave Blank.
2. **Internal Use Only O.O. Number** - Leave Blank.
3. **Agency** - FSIS is auto-populated.
4. **Program/Office/Division** - Enter your Program/Office/Division name.
5. **Date** - Enter the date you are submitting this request.
6. **Date Needed** - Enter the date the document should be shipped to the warehouse/other destination. Consult with ASD Printing staff to determine how much time to allow for specific printed items.
7. **Program Code/Short Hand Code** - Enter the appropriate program code/short hand code for billing.
8. **Title or Description of Materials** - Enter the title of the publication or form (if printing a form enter the FSIS form number and edition date).
9. **Number of Pages to Print** - Enter the number of originals (i.e., if your item is a single sheet, enter 1; if two pages, printed front and back, enter 2; etc.).
10. **Quantity** - Enter the total number of copies you want printed.
11. **Size** - Enter the size of the document (i.e., 8 1/2" x 11" ; 11" x 8 1/2"; 8 1/2" x 14").
12. **Other Services (Specify)**: Please indicate any additional services before binding.
NOTE: The most commonly used is staple; if other services are needed, please consult with ASD Printing Staff.
13. **Paper: Available Stock** - Check the box for 'Offset Book' unless you are changing the type of paper for the document. If special paper is required consult with ASD for guidance.
Paper: Color - Check the box for 'White'. Any other paper requirement should be discussed with ASD Printing staff prior to submitting the request form.
14. **Ink** - Check the box for 'Black'. Ink changes should be discussed with ASD Printing staff prior to submitting the request form.
15. **To be Printed** - Check the appropriate box. One side only (single side); Head to Head (front and back, like a book); Head to Foot (front and back, like a calendar.) (NOTE: Head to Foot is rarely used.).
16. **Special Instructions** - Enter any special instructions. Attach additional sheets if necessary.
17. **For Further Information Contact** - Enter Requestor's name and phone number.
18. **Mailing (Delivery/Stocking point)** - Check 'Material Management Service Center (MMSC)' if the document is to be stocked in the warehouse.
 - Check 'Other (specify)' if the document is to be stocked in another location such as an office - provide one full address and a contact name and phone number (no P.O. Box numbers.).
 - Check 'Multiple addresses: (See attached distribution list)' if you are providing a mailing list.
19. **Approvals of Requesting Office** - **Requesting Program/Office Signature** - Enter your name and date signed.
 - **Agency Control Signature and Date** - Leave Blank.
20. **Received By** - Leave Blank.
21. **Department Clearance Signature** - Leave Blank.
22. **Submit Request to Print** - Submit your completed request to ASD via e-mail directly to a specific printing staff member, to FSIS Printing mailbox (FSIS.Printing@usda.gov) or by selecting the 'Submit' button at the bottom right corner of Page 1.