



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. *		PROGRAM NO. *		WORK ORDER NO. *	
CLASSIFICATION * Classified ☐ Yes ☐ No SBU ☐ Yes ☐ No PII ☐ Yes ☐ No			PUBLICATION TITLE				DATE PREPARED		OBJECT CLASS	
CONTRACTOR					PURCHASE ORDER NO. *		STATE CODE *		CONTRACTOR'S CODE * SHIP/DELIVERY DATE	

BILLING INFO	BILLING ADDRESS CODE (BAC) *		AGENCY LOCATION CODE (ALC)			APPROPRIATION CHARGEABLE/OBLIGATION NO.						
	☐ PURCHASE CARD	PURCHASE CARD NO. (Info to appear on GPO copy only)				EXP. DATE		NAME AS IT APPEARS ON PURCHASE CARD			PHONE NO. OF CARDHOLDER	
	TAS*: Sub-level Prefix Code	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)		
	G-INVOICING (GINV) GTC# **				GINV ORDER# **				ORDER LINE# **		ORDER SCHEDULE# **	

**Must use number as generated by G-Invoicing system

SPECIFICATIONS	PROOFS ☐ Content ☐ Inkjet ☐ High Resolution ☐ Prior to Production Samples ☐ Electronic Soft Proof						DAYS DEPT. WILL HOLD PROOFS		QUALITY LEVEL		QUANTITY (unit of finished product)			
	FURNISHED ELECTRONIC MEDIA ☐ Files to be sent via FTP or Email ☐ CD/DVD						OTHER GOVT. FURNISHED MATERIALS				PRESS SHEET INSPECTION ☐ No. of Hours Notice		TRIM SIZE X 1 2 3 4	
	COVER PAPER						COLOR OF COVER INKS		COVER COATING TYPE		PAPER COVERS (Self) (Separate)		INDICATE WHICH COVERS PRINT 1 2 3 4	
	TEXT PAPER						COLOR OF TEXT INKS		TEXT COATING TYPE		NUMBER OF TEXT PAGES		PRINT ☐ One Side Only ☐ Head to Head ☐ Head to Foot	
	STITCH ☐ ULC ☐ SIDE ☐ SADDLE			BINDING ☐ COMB ☐ COIL ☐ PERFECT BOUND ☐ SEW ☐ TAPE ☐ TRIM 4 SIDES ☐ OTHER										

ADDITIONAL INFORMATION	Digital Print Acceptable? ☐ Yes ☐ No ☐ Supplemental Information Attached										

DELIVERY	DELIVER PRODUCT TO:						RETURN FURNISHED MATERIALS TO:					
	☐ Distribution List Attached						Digital Deliverables Requested - Format: ☐ Native ☐ PDF					

SUPT. DOCS. NOTIFIED ☐ YES ☐ 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.	
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AUTHORIZING SIGNATURE			TITLE			DATE SENT TO CONTRACTOR		
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I certify that I am an authorized agency representative of the above-mentioned Government establishment with authority to submit this order to the U.S. Government Publishing Office and obligate its funding in compliance with applicable regulations, and; this work is authorized by law and necessary to the conduct of the business of the above-mentioned Government establishment.

ORDER RECEIVED BY: (Agency Representative)		DATE ORDER RECEIVED	
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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 www.gpo.gov/vendors/payment.htm		
	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



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ADDITIONAL INFORMATION				