PRINT REQUISITION

REQUISITION NUMBER

MAIL PO Box 9452 Stn Prov Govt, Victoria BC V8W 9V7
LOCATION W-109, 4000 Seymour Place, Victoria BC V8X 4S8
EMAIL printreq@gov.bc.ca
TELEPHONE 250-387-6409

Customer Number	Date Submitted	**Delivery Date Requested**
Contact Person		Phone
Ministry / Branch		Email
Address		

New Order ☐

Re-Order
With Changes ☐
No Changes ☐

Previous Req #

Date

Security Classification
☐ Confidential/Secure
☐ None

ACCOUNT CODING

Fiscal Year

Ministry Number

Responsibility

Service Line

STOB

Project Number

SPECIFICATIONS

Description of printed item

QUANTITY

DOCUMENT DIMENSIONS

PAPER STOCK / MATERIAL

BINDING COIL ☐ White ☐ Black STITCH ☐ Corner ☐ Side ☐ Saddle (booklet) FOLD ☐

PACKAGING ☐ Shrinkwrap in _____ ☐ Band in _____ ☐ Box in _____

ARTWORK
☐ Digital file(s)

_____

PROOFS
☐ PDF ☐ *same as above* ☐ Hard Copy ☐ *same as above*

_____
Email

_____
Address

SHIPPING ADDRESS ☐ *same as above*

ADDRESS 1 QTY _____

Contact Name/Tel # ☐ *same as above*

ADDRESS 2 QTY _____

Contact Name/Tel # ☐ *same as above*

SPENDING AUTHORITY

Name _____

Signature _____

☐ I am the Spending Authority delegated by the Deputy Minister and I certify that sufficient funds are available for this order.

☐ I am not the Spending Authority. I will forward my order confirmation to the Spending Authority and request that they provide approval by email to: printreq@gov.bc.ca

QUOTE

KP PRINT AGENT

Select