



OA DOCUMENT SOLUTIONS

4720 Scruggs Station Road,
Jefferson City, MO 65109
573.751.3307

FYI:

This *NEW* form replaces the outdated Printing Requisition form. The form also doubles as an Estimate Request form.

**PLEASE REFER TO
THE SECOND PAGE'S
ILLUSTRATION**

HOW TO USE THE NEW PRODUCTION REQUEST FORM:

1. This is our contact information.
2. The Customer Information section is all about you!
3. If an estimate has been received by your CSR, then this is where you would input that estimate information. If no estimate is needed, then the CSR will fill out this portion for a future reference.
4. This area is for the Delivery Information. How, where, and who do you want your final product delivered to? Be sure to include any necessary special delivery instructions that our drivers would need to know to get your product delivered to the right place.
5. No need to fill out this box! This is for our Team to enter when you job was completed.
6. Select from the drop down menu here to choose your CSR's Name.
7. The Job Specifications area is all about your job! There is no need to fill out the OADS Job Number, as it will be assigned by your Customer Service Representative. We would like for you to include as much information as possible about your project in this area. Be sure to use the generous Job Description area to write any notes, instructions, or additional tips here.

There are some required fields on here; the OADS Customer Code and the Agency PO number.

8. Simply put, we want to know if you would like to see a sample (a.k.a. proof) of your project before it goes into production. This proof allows you to check and approve all the important aspects (such as color, layout, etc.) of your project.

Fresh + New, just for You!



STATE OF MISSOURI • OFFICE OF ADMINISTRATION



Design



Print



Mail



Scan

OA DOCUMENT SOLUTIONS

4720 SCRUGGS STATION ROAD, JEFFERSON CITY, MO 65109
P: 573.751.3307 MOPRINTMAIL.MO.GOV

CUSTOMER INFORMATION

CONTACT PERSON

ADDRESS

ROOM NUMBER

CITY

STATE

ZIP

DEPARTMENT

DIVISION

SECTION/PROGRAM

TELEPHONE NUMBER

AUTHORIZED BY

EMAIL ADDRESS

ESTIMATE

GIVEN BY / ESTIMATE NUMBER

DATE

ESTIMATE AMOUNT

QUANTITY

DELIVERY INFORMATION

DELIVER

ORGANIZATION NAME

SHIP

CONTACT PERSON

PICK-UP

ADDRESS

ROOM NUMBER

CITY

STATE

ZIP

NO. OF BOXES

RECEIVED BY SIGNATURE

DATE

X

DELIVERY INSTRUCTIONS

DATE DELIVERED

DELIVERED BY (COMPLETED BY OADS)

OADS CUSTOMER SERVICE REPRESENTATIVE

JOB SPECIFICATIONS

OADS CUSTOMER CODE

JOB NUMBER (COMPLETED BY OADS)

AGENCY PO NUMBER

FORM #, LIT #, DOC # (IF APPLICABLE)

DOCUMENT TITLE

DATE SUBMITTED

DATE REQUIRED

TYPE OF JOB

NEW REVISED EXACT REPRINT

PREVIOUS JOB NUMBER

BUSINESS CARDS - QUANTITY 250 500 1000

GRAPHIC DESIGN REQUESTED

FILLABLE PDF

SENDING DOCUMENT FILES BY

EMAIL FLASH DRIVE MOFTP CD _____

NUMBER OF PAGES

TOTAL NO. OF FINISHED PIECES

FINISHED SIZE

1-SIDED 2-SIDED B & W COLOR BLEED

SHRINK WRAP HOLE PUNCH PAD BIND MAIL
(SPECIFY DETAILS BELOW IN THE JOB DESCRIPTION)

**I NEED TO SEE A PROOF BEFORE
THE JOB GOES TO PRODUCTION**

PDF PROOF

PAPER PROOF

SCANNING (PROVIDE DETAILS IN JOB DESCRIPTION)

MAIL DOCUMENTS NUMBER OF BOXES _____

JOB DESCRIPTION

PRODUCTION COMPLETION DATE (COMPLETED BY OADS)

DS001
3/2022

#1

#2

#3

#4

#5

#6

#7

#8