

REQUISITION FOR LOCAL DUPLICATING SERVICE			1. DATE OF REQUEST		2. DATE REQUIRED		3. JOB NUMBER	
PART A - REQUEST								
4. REQUESTING OFFICE				5. DELIVERY INSTRUCTIONS				
a. ORGANIZATION		b. BUILDING		c. ROOM NO.		a. DELIVER TO		
d. FOR REFERENCE CONSULT: (1) Name		(2) Telephone Number		b. PERSON TO CALL IF TO BE PICKED UP (1) Name		(2) Telephone Number		
6. DESCRIPTION OF JOB		a. APPROPRIATION CHARGEABLE						
b. TITLE, FORM NO., ETC.		c. CLASSIFICATION <input type="checkbox"/> Classified <input type="checkbox"/> Unclassified <input type="checkbox"/> Other (Specify)		d. NO. OF ORIGINALS		e. NO. OF COPIES EACH		f. DISPOSITION OF ORIGINALS <input type="checkbox"/> Return <input type="checkbox"/> Destroy
7. SPECIFICATIONS (X and complete all that apply)								
a. TYPE REPRODUCTION <input type="checkbox"/> Xerographic <input type="checkbox"/> Offset <input type="checkbox"/> Other (Specify)		b. PRINT <input type="checkbox"/> One Side <input type="checkbox"/> Head to Head <input type="checkbox"/> Head to Foot <input type="checkbox"/> Other (Specify)		c. FINISHED SIZE <input type="checkbox"/> 8-1/2 x 11 <input type="checkbox"/> Other (Specify)		d. PAPER <input type="checkbox"/> White <input type="checkbox"/> Other (Specify)		e. INK <input type="checkbox"/> Black <input type="checkbox"/> Other (Specify)
f. COLLATE <input type="checkbox"/> Yes <input type="checkbox"/> No	g. STAPLE <input type="checkbox"/> Yes <input type="checkbox"/> No		h. ADDITIONAL SPECIFICATIONS (Including distribution, punching, padding, location of staples, etc.)					
8. REQUESTER CERTIFICATION. I certify that this work is authorized by regulations and is necessary to the conduct of official business.								
a. PRINTED NAME OF REQUESTER		b. SIGNATURE OF REQUESTER			c. SIGNATURE OF PRINTING CONTROL OFFICIAL			
PART B - APPROVAL (For reproduction unit use only)								
9. DATE RECEIVED	10. PRIORITY	11. OPERATOR	12. DATE COMPLETED	13. NO. OF COPIES REPRODUCED	14. DATE RECEIVED BY REQUESTER	15. JOB RECEIVED BY	16. DATE REQUESTER NOTIFIED JOB IS COMPLETE	

DD FORM 844, FEB 89

Consolidates DD Form 283 and DD Form 844,
which may be used until supply is exhausted.

USAPPC V2.00