



## 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This *NEW* form replaces the outdated Printing Requisition form.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



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**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