Prescribed by DoDI 7730.3 3. JOB NUMBER 1. DATE OF REQUEST 2. DATE REQUIRED REQUISITION FOR LOCAL DUPLICATING SERVICE **PART A - REQUEST** 4. REQUESTING OFFICE 5. DELIVERY INSTRUCTIONS c. ROOM NO. a. ORGANIZATION b. BUILDING a. DELIVER TO d. FOR REFERENCE CONSULT: (2) Telephone Number b. PERSON TO CALL IF TO BE PICKED UP (2) Telephone Number (1) Name (1) Name 6. DESCRIPTION OF JOB a. APPROPRIATION CHARGEABLE b. TITLE, FORM NO., ETC. CLASSIFICATION d. NO. OF e. NO. OF DISPOSITION OF ORIGINALS **COPIES EACH ORIGINALS** Classified Unclassified Return Destroy Other (Specify) 7. SPECIFICATIONS (X and complete all that apply) a. TYPE REPRODUCTION b. PRINT c. FINISHED SIZE d. PAPER e. INK One Side Head to Head Head to Foot Other (Specify) Other (Specify) Other (Specify) Xerographic Black Offset White Other (Specify) Other (Specify) COLLATE g. STAPLE h. ADDITIONAL SPECIFICATIONS (Including distribution, punching, padding, location of staples, etc.) Yes Yes No No 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

DD FORM 844, FEB 89

10. PRIORITY

11. OPERATOR

DATE RECEIVED

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

PART B - APPROVAL (For reproduction unit use only)

12. DATE COMPLETED NO. OF COPIES REPRODUCED 14. DATE RECEIVED BY REQUESTER 15. JOB RECEIVED BY

Adobe Professional 8.0

DATE REQUESTER NOTIFIED JOB IS COMPLETE