



DEPARTMENT OF HEALTH AND HUMAN SERVICES
REQUEST FOR PUBLISHING SERVICES

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MITTS Number (Office Use Only)

Date Submitted

Desired Due Date

Agency (e.g. PSC, FDA)

Originating Office

Requestor

Phone

E-Mail

CAN Number ***REQUIRED**

IP/PO ***REQUIRED**

Treasury Account Symbol (TAS) ***REQUIRED**

Estimated Cost

Job Title or Product Description

Are materials or documents in this order considered:

CLASSIFIED

☐ YES ☐ NO

SBI (Sensitive but Unclassified)

☐ YES ☐ NO

PII (Personally Identifiable Information)

☐ YES ☐ NO

SERVICES NEEDED

IMPORTANT- COMPLETE AND ATTACH JOB SPECIFICATIONS OR OTHER PERTINENT INFORMATION

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> PRINTING | No. of Pages _____ | Finished Size _____ | Quantity _____ |
| <input type="checkbox"/> DESIGN/LAYOUT | <input type="checkbox"/> PHOTOGRAPHY | <input type="checkbox"/> WRITING/EDITING | <input type="checkbox"/> ePUB (Electronic Publication) |
| <input type="checkbox"/> 508 COMPLIANT | <input type="checkbox"/> VIDEO PRODUCTION | <input type="checkbox"/> DIGITAL CONVERSION/SCANNING | |

ITEMS FURNISHED

- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> CD/DVD | <input type="checkbox"/> FTP/E-MAIL | <input type="checkbox"/> HARD COPY OF TEXT | <input type="checkbox"/> OTHER |
|--|--|---|---------------------------------------|

DELIVERY INFORMATION

ADDITIONAL REMARKS

Authorized By (Signature)

Budget Officer (Signature)

Print Name/Phone#

Print Name/Phone#