Rehoboth McKinley
Christian Health Care Services

FORMS APPROVAL CHECKLIST

PREPARED BY:	REQUESTED IMPLEMENTATION DATE	ESTIMATED MONTHLY USAGE	DATE

FORM TITLE	REVISION OF FORM NUMBER ☐ NEW ☐ OBSOLETE FORM ATTACHED	DEPARTMENT TO BE CHARGED:

PURPOSE / IMPROVEMENTS EXPECTED - REASON EXISTING FORM INADEQUATE

IS THIS INFORMATION COPIED FROM ANOTHER FORM ☐ YES ☐ NO (IF YES - ATTACH SAMPLE)

WILL THE INFORMATION FROM THIS FORM BE USED TO PREPARE ANOTHER FORM? ☐ YES ☐ NO (IF YES - ATTACH SAMPLE)

SPECIFICATIONS

CONSTRUCTION: SINGLE SHEET ☐ MULTIPLE PARTS ☐ CONTINUOUS ☐ ENVELOPE ☐ OTHER ☐ EXPLAIN:

COPY: ☐ ATTACHED ☐ DRAWN FROM INFO. GIVEN

PERFORATIONS: (NUMBER) (PARTS) (LOCATION)

PUNCHING: (NUMBER) (PARTS) (LOCATION)

CONSECUTIVE NUMBERS START: END:

FINISHED SIZE

PACKING REQUIREMENTS (NO.FORMS /PKG.) ☐ EACH ☐ WRAP ☐ STAPLE ☐ PACKAGES (100 ONLY)

HOW USED: ☐ HANDWRITTEN ☐ TYPEWRITER ☐ HIGHSPEED PRINTER IDENTIFY MACHINE:

PART	PAPER COLOR	DISTRIBUTION (TITLES)	INK COLOR FRONT	BACK PRINT POSITION
1				
2				
3				
4				

ADDITIONAL COMMENTS:

FOR PRINTSHOP USE ONLY

QUANTITY OF CURRENT FORM:	INITIAL ORDER QUANTITY:
SEND ORDER TO:	
FORM NUMBER ASSIGNMENT:	PROOFS APPROVED BY:

APPROVAL NEEDED	APPROVED BY	DATE APPROVED
PUBLIC RELATIONS LOGO /ARTWORK		
FORMS COMMITTEE CHAIR		
CONCURRENCES:		

COMMENTS:

RM-103 (3/08)

PLEASE ASSURE THAT THIS FORM IS FILLED OUT IN ITS ENTIRETY BEFORE SUBMITTING TO THE FORMS COMMITTEE.