

CD-ROM REQUEST

Submit Completed Requests To: USDA/OCFO/National Finance Center PO BOX 60000 NEW ORLEANS, LOUISIANA 70160 ATTN: IRMD/OB/OSS ADMINISTRATOR FAX: 504-426-9530	NFC USE ONLY
	DATE
	JOBNAME
	CONTROL NUMBER

A. REQUESTOR INFORMATION				
1. NAME		2. ORGANIZATION		
3. E-MAIL ADDRESS		4. PHONE NUMBER (Area code and number)		5. FAX NUMBER (Area code and number)

B. AUTHORIZATION TO SUBMIT REQUEST				
6. AUTHORIZING OFFICIAL NAME			7. AUTHORIZING OFFICIAL SIGNATURE	
8. TITLE			9. PHONE NUMBER (Area code and number)	10. DATE

C. GENERAL INFORMATION	
11. IS THIS REQUEST TO MODIFY AN EXISTING CD DISTRIBUTION?	
<input type="checkbox"/> NO	<input type="checkbox"/> YES ► Provide the Job ID Number included on the last CD received.

D. CD-ROM DISTRIBUTION AND LABEL SPECIFICATIONS.	
12. CD IDENTIFIER LINE 1. (General classification of what is recorded on the CD-ROM. This is the name that will also be printed on the face of the CD-ROM. (Maximum 40 characters))	
13. CD-ROM CONTENTS LINES 2 AND 3. (2 lines of 40 characters each are to be used to further identify/describe the contents of the CD-ROM.)	
14. CD-ROM CONTENTS LINE 4. (User generated; information will be taken from header file. (ex., run dates, as of date, PP))	
15. PRODUCTS TO BE RECORDED ON CD. (Names are to be the same or similar to those provided in the Reports Specifications or Data File Specifications section. (Maximum of 8 characters))	

E. REPORT/DATA FILE SPECIFICATIONS. Complete this section for **each report/data file** that is to be placed on a CD. CD can contain reports or data files, not a combination. If more than 1 report/data file is needed, make copies of this page.

REPORT/DATA FILE	
16. IS THIS REPORT/DATA FILE NEW OR EXISTING?	
<input type="checkbox"/> NEW Follow the normal NFC request procedures to have the report/data file produced including this CD-ROM Request Form. Indicate in your requirements that the output distribution is CD-ROM.	<input type="checkbox"/> EXISTING Provide the report or data file name below.
17. TITLE REPORT/DATA FILE NAME	
18. REPORT/DATA FILE SOURCE	
<input type="checkbox"/> NFC PRODUCTION	<input type="checkbox"/> USER GENERATED (i.e., FOCUS, CULPRIT)
<input type="checkbox"/> LAN	<input type="checkbox"/> FTP
OTHER (Specify)	
19. HOW OFTEN IS REPORT/DATA FILE RECEIVED?	
<input type="checkbox"/> ANNUALLY	<input type="checkbox"/> QUARTERLY
<input type="checkbox"/> SEMI-ANNUALLY	<input type="checkbox"/> MONTHLY
<input type="checkbox"/> PAY PERIOD	<input type="checkbox"/> OTHER (Specify)
<input type="checkbox"/> WEEKLY	
20. REPORT/DATA FILE SIZE (Enter at least one)	
_____ # PRINTED PAGES OR _____ FILE SIZE	

FOR NFC USE ONLY		
21. AUTHORIZING OFFICIAL	22. PHONE NUMBER (Area code and number)	23. DATE

F. RECIPIENT. This sheet will accommodate two recipients. Complete this section for **each recipient**. If additional recipient pages are needed, make copies of this page. **For each recipient of the CD**, provide the following information:

RECIPIENT 1

24. AGENCY NAME	
25. RECIPIENT'S TITLE OR POSITION (Do not use employee names)	
26. STREET ADDRESS (Line 1)	
27. STREET ADDRESS (Line 2)	
28. STREET ADDRESS (Line 3)	
29. CITY	30. STATE
31. ZIP CODE	
32. ORGANIZATION STRUCTURE CODE	33. NUMBER OF COPIES

RECIPIENT 2

24. AGENCY NAME	
25. RECIPIENT'S TITLE OR POSITION (Do not use employee names)	
26. STREET ADDRESS (Line 1)	
27. STREET ADDRESS (Line 2)	
28. STREET ADDRESS (Line 3)	
29. CITY	30. STATE
31. ZIP CODE	
32. ORGANIZATION STRUCTURE CODE	33. NUMBER OF COPIES

RECIPIENT 3

24. AGENCY NAME	
25. RECIPIENT'S TITLE OR POSITION (Do not use employee names)	
26. STREET ADDRESS (Line 1)	
27. STREET ADDRESS (Line 2)	
28. STREET ADDRESS (Line 3)	
29. CITY	30. STATE
31. ZIP CODE	
32. ORGANIZATION STRUCTURE CODE	33. NUMBER OF COPIES

COMMENTS/NOTES
