



## TABLE OF CONTENTS

INVOICE TO.....	4
F.O.B. INSIDE DELIVERY.....	4
TERMINATION:.....	4
SELLING TO COOPERATIVE PROCUREMENT PROGRAM PARTICIPANTS:.....	4
APPROVED BILLING METHOD:.....	4
1.0 SPECIAL TERMS AND CONDITIONS.....	4
1.1 SCOPE.....	4
1.2 TERM.....	5
1.3 EXTENSION.....	5
1.4 ORDERS & MINIMUM QUANTITIES (STATE AGENCIES).....	5
1.6 DELIVERY (ALL USERS).....	5
1.7 RUSH ORDERS (STATE AGENCIES).....	5
1.8 RUSH ORDERS (COOPERATIVE PURCHASING PARTICIPANTS).....	6
1.9 CANCELLATION OF AN ORDER (STATE AGENCIES).....	6
1.10 CANCELLATION OF AN ORDER (COOPERATIVE PURCHASING PARTICIPANTS).....	6
1.11 EXCLUSIONS (STATE AGENCIES ONLY).....	6
1.12 EXCEPTIONS (STATE AGENCIES ONLY).....	7
1.13 OBLIGATIONS OF CONTRACTOR (STATE AGENCIES).....	7
1.14 OBLIGATIONS OF CONTRACTOR (COOPERATIVE PURCHASING PARTICIPANTS).....	8
1.15 SUMMARY OF ORDERS (ALL USERS).....	8
1.16 ACKNOWLEDGEMENTS AND COST STATEMENT (ALL USERS).....	8
1.17 PAPER PRICE CHANGE CLAUSE.....	8
1.18 QUALITY.....	9
1.19 OVERRUNS/UNDERRUNS.....	9
1.20 PROOFS (ALL USERS).....	9
1.21 INVOICING.....	10
1.22 LIQUIDATED DAMAGES OR PENALTY (STATE AGENCIES).....	10
1.23 LIQUIDATED DAMAGES OR PENALTY (COOPERATIVE PURCHASING PARTICIPANTS).....	10
OUTLINE AGREEMENT AWARD TERMS AND CONDITIONS.....	11
RECYCLED PAPER.....	13
2.0 FORM SPECIFICATIONS.....	14
2.1 LOCKUP SPACE.....	14
2.2 FORMS MEASUREMENTS.....	14
2.3 BASIC FLAT CHARGE.....	14
3.0 SPECIAL FEATURES ALLOWANCES AND REDUCTIONS.....	15
3.1 BLANK ORDERS.....	15
3.2 COMPOSITION.....	16
3.3 VOLUME DISCOUNT.....	16
3.4 PLATE CHANGE ALLOWANCES.....	17
3.5 NUMBERING.....	17
3.6 MAGNETIC INK.....	18
3.7 OPTICALLY SCANNED FORMS (OCR FORMS).....	18
3.8 INK CHARGES.....	18
3.9 FASTENING.....	19
3.10 PAPER.....	19
3.11 SPECIAL CARBONS.....	19
3.12 PUNCHING (OTHER THAN MARGINAL PUNCHING).....	20
3.13 SPECIAL PERFORATIONS (OTHER THAN THOSE INCLUDED IN THE BASE PRICE.).....	20
3.14 OTHER SIZES (WIDTH OR LENGTH, PAPER AND/OR CARBONS).....	20
3.15 PALLETS.....	20
LOCKUP AND FORM SIZE GUIDE.....	21
SIZE CODE.....	22

STATE OF ARKANSAS  
State Term Contract

CONTRACT NO: SP-03-0544

PAGE 3 of 28

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COMPOSITION TYPES .....23

**CONTRACT PERIOD:** October 13, 2003 through June 30, 2006

**INVOICE TO:** Ordering Agency or Cooperative Purchasing Participant

**F.O.B. INSIDE DELIVERY:** As specified on Purchase Order

**TERMINATION:**

In the event that the anticipated term of this contract extends beyond the current biennial period, the contract will be terminable on the part of the state without cause at the end of the current biennial period. However, the state may agree to continue the contract, but in no case will any renewal cause the contract to continue beyond a biennial period for which the contract is renewed. Any services or products on contract accepted by the state must be paid for, but this does not obligate the state to continue the contract beyond the end of a biennial period.

**SELLING TO COOPERATIVE PROCUREMENT PROGRAM PARTICIPANTS:**

Arkansas Procurement Law provides that local public procurement units (counties, municipalities, school districts, certain not-for-profit corporations, etc.) may participate in State Procurement contracts. The contractor(s) therefore agree(s) to sell to Cooperative Procurement Program participants at the option of the program participants. Unless otherwise stated, all standard and special terms and conditions listed within the RFQ must be equally applied to such participants.

**APPROVED BILLING METHOD:**

The Office of State Procurement has established a billing method that must be used. Multiplying the quantity shipped by the running charges and adding the flat charges determine the billing price. DEVIATIONS FROM THIS METHOD WILL NOT BE ACCEPTABLE.

The successful contractor will work with the buyer to design an acceptable analysis sheet. Contractor's analysis sheet must be approved by State Procurement.

NOTE: OSP refers to the Arkansas Office of State Procurement.

**1.0 SPECIAL TERMS AND CONDITIONS**

**1.1 SCOPE**

This outline agreement has been issued for custom forms in a continuous state for use on various types of equipment by All State Agencies and Cooperative Purchasing Participants. The following general types of forms are included under this contract:

Single part forms.

Multiple part forms utilizing carbonless paper and forms with or without carbon interleaved.

Unprocessed carbon interleaved forms (except for those requiring pattern or hot spot carbon) - There is no marginal punching of the carbon. Perforations and line hole punching can be accomplished as a press operation through all parts and carbon at time of printing.

Any custom continuous form which is not within the scope of this contract either because of size and/or construction will be bid separately.

This contract does not contain "stock purchase orders, vouchers, stock payroll voucher for personal services". The OSP will issue a special buy of these stock forms as needed. Otherwise, the agency may purchase the form by ordering the contract minimum of 5,000 forms

## 1.2 TERM

The term of any contract awarded pursuant to this RFQ will be for approximately two (2) years with an expiration date of June 30, 2005.

## 1.3 EXTENSION

Upon mutual written agreement between the contracting vendor and the Office of State Procurement, the contract may be extended five (5) additional years, in one (1) year increments or a portion thereof. Any extension but must be mutually agreed upon by the Office of State Procurement and the contractor. The Office of State Procurement will notify the contractor before expiration of the contract if an extension is requested. The paper price change clause will apply to any agreed upon period of extension.

## 1.4 ORDERS & MINIMUM QUANTITIES (STATE AGENCIES)

All purchase orders will be routed directly to the contractor. The contractor is responsible for promptly returning all purchase orders that are not covered by the specifications of this contract.

The minimum order for custom forms is 5,000 forms.

## 1.5 Orders & Minimum Quantities (Cooperative Purchasing Participants)

All purchase orders will be routed directly to the contractor. The contractor is responsible for promptly returning all purchase orders that are not covered by the specifications of this contract.

The minimum order for custom forms is 5,000.

## 1.6 DELIVERY (ALL USERS)

The finished forms must be delivered inside to the location specified on the purchase order within the number of working days authorized.

"Working days" shall be defined as Monday through Friday of each week exclusive of all official State holidays. Transportation expenses are the responsibility of the contractor. If a cost statement is requested by agency, delivery time will not begin until contractor receives written authorization from agency.

Repeat orders not requiring proofs	30 working days
Repeat orders requiring proofs	35 Working days.
New orders not requiring proofs	40 working days
New orders requiring proofs	45 working days

Proof must be sent within fifteen (15) working days after submission of order. Any proofs requiring changes must be resubmitted within ten (10) working days. The time that proofs are in agency's possession will not be counted as production time.

Orders requiring multiple delivery points will be priced as follows:

One shipment, all in the immediate area, will be included in the price of the forms. Additional delivery points (shipped by the most economical means available.) will be invoiced to the agency as an extra charge. THE CONTRACTOR WILL NOT BE REQUIRED TO BREAK A CARTON. A copy of the contractor's invoice from the freight company must be attached to the agency's invoice. No additional "mark up" charge will be allowed to the contractor.

## 1.7 RUSH ORDERS (STATE AGENCIES)

If a State agency required delivery of an order in less than the prescribed time outlined in this contract, that agency must contact the contractor. The contractor may choose one of the two options stated below:

Option 1. Waive the order from the contract. Agencies with Printing Delegation orders may quote. Orders exceeding the agency's delegated limit and orders for agencies without Printing Delegation orders must be bid by the OSP.

Option 2. Accept the order and meet delivery requested. The ordering agency should obtain a written document with the agreed delivery date stated. The contractor may charge 1% of the original contract price for each working day less than the prescribed time authorized by the contract, that the delivery schedule is reduced. Rush order upcharges shall not exceed twenty percent (20%) of the original contract price.

If the contractor fails to meet the "RUSH" delivery, the rush charge will not be applied. If the contractor exceeds the delivery time for a normal delivery, the contractor may be charged late charges.

### **1.8 RUSH ORDERS (COOPERATIVE PURCHASING PARTICIPANTS)**

The contractor must comply with one of the two following options.

Option 1. Waive the order from the contract.

Option 2. Accept the order and meet delivery requested. The Cooperative Purchasing Participant should obtain a written document with the agreed delivery date stated. The contractor may charge 1% of the original contract price for each working day less than the prescribed time authorized by the contract, that the delivery schedule is reduced. Rush order upcharges shall not exceed twenty percent (20%) of the original contract price.

If the contractor fails to meet the "RUSH" delivery, the rush charge will not be applied. If the contractor exceeds the delivery time for a normal delivery, the contractor may be charged late charges.

### **1.9 CANCELLATION OF AN ORDER (STATE AGENCIES)**

Agency purchase order cancellations must be communicated to OSP and the contractor must be compensated for all materials used and all work completed on the order prior to request for cancellation under the pricing provisions specified herein. Charges incurred which cannot be determined in this manner must be submitted to the OSP for approval. The OSP shall approve/disapprove the contractor's charges for work completed prior to cancellation approval. The ordering agency shall notify OSP and the contractor at the earliest possible moment of its intent to request cancellation.

### **1.10 CANCELLATION OF AN ORDER (COOPERATIVE PURCHASING PARTICIPANTS)**

The contractor must be compensated for all materials used and all work completed on the order prior to request for cancellation under the pricing provisions specified herein. The Cooperative Purchasing Participant shall notify the contractor at the earliest possible moment of its intent to request cancellation.

### **1.11 EXCLUSIONS (STATE AGENCIES ONLY)**

Orders will be excluded from this contract if they include any or a combination of the following:

Any form requiring delivery under the "RUSH ORDERS" provision by a date which the contractor cannot meet. (See "Rush Orders").

Any form which requires the setting of composition in a foreign language. Agency may provide such copy in camera-ready form, in which case, the contractor shall be required to accept the order.

Orders not meeting the minimum quantity specified shall be competitively bid.

Orders will be excluded from this contract if they include any or a combination of the following:

All continuous labels, printed and unprinted, will be bid separately.

All continuous mailers and continuous tab cards are excluded from this contract.

All forms for which the overall depth, width, or number of parts have been intentionally deleted from this Request for Quotation will be purchased separately.

Any form requiring a depth not specified in this contract will be bid separately.

Any test scoring scanner forms. Example: Scantron Forms

### **1.12 EXCEPTIONS (STATE AGENCIES ONLY)**

The State reserves the right to route orders for divisions of the Arkansas State Legislature to this contract or to bid separately on a one-time basis.

The State reserves the right to purchase standard forms from sources other than the contractor. Standard forms are forms produced for numerous customers and frequently kept as an inventory item by the manufacturer. A standard form may be overprinted with agency name and other pertinent information. Standard shelf items would include forms such as Federal Income Tax Forms (W-2's, etc.) stock register forms, library forms, medical forms, stock continuous forms (computer paper) etc and forms to be used with a particular piece of equipment.

### **1.13 OBLIGATIONS OF CONTRACTOR (STATE AGENCIES)**

The contractor must have a representative who can provide technical assistance within twenty-four (24) hours of written notification. On site visits to the agency may be required. The contractor must assist the ordering user with design and layout of forms in the most efficient manner. This representative must be able to help diagnose and solve problems with equipment operation, which may be related to the use of forms produced under this contract.

If at any time it is learned that the contractor has intentionally directed the user in a matter, which has unnecessarily cost additional money, the contract may be cancelled and the contractor may be suspended or debarred from doing further business with the State.

Contractor must provide the State with production quality negatives and a TIF or EPS file for each new form produced under this contract.

After award of the contract, the contractor will receive production quality negatives and disk files that are to be used in the printing of reorders. The contractor is required to inspect the negatives and within ten (10) working days provide the OSP with a letter acknowledging receipt and acceptance of the negatives. Any problems with the production materials must be noted in writing with acknowledgement of receipt. All of the negatives furnished to the contractor will remain the property of the State of Arkansas and any loss or damage to the items listed in the inventory sheet signed by the contractor will require replacement at no cost to the State.

Negatives, which have deteriorated through use and require replacement, may be priced as an original order after the contractor has provided written notification to the OSP and received authorization to reset composition.

The contractor MUST maintain the current revision date in the line hole margin. When a negative is updated, the old negative MUST be destroyed.

Contractor will keep the negatives in a secure location during the term of the contract. This location may be outside the boundaries of the State of Arkansas. Upon request of the OSP, the contractor will be required to transfer the negatives to a location designated by the OSP. The transportation expenses will be paid by the contractor.

The current negatives and a sample of the current form must be placed in an envelope or file pocket designating the ordering agency's name, agency number, and all form numbers included in the envelope. Only one agency's negatives and samples per envelope and no more than twenty-five negatives per envelope.

At the conclusion of this contract, the negatives along with a complete inventory of those negatives (in hard copy and disk format) must be delivered to the (new) contractor. At the same time, a complete inventory list of the negatives both hard copy and disk must be delivered to the OSP. The list must be maintained by agency and form number not by contractor's job number.

If the new contractor receives the negatives and the aforementioned requirements have not been met, the previous contractor will be held responsible for correcting all deficiencies within a time period specified by the OSP. Failure to complete this portion of the contract will be considered default and could jeopardize the future bidding status of the previous contractor or action may be taken against the previous contractor's performance bond.

Marginal words and numbers inserted by the manufacturer to identify the form are not considered to be a part of the form. No charge will be allowed on these words or numbers by the manufacturer.

#### **1.14 OBLIGATIONS OF CONTRACTOR (COOPERATIVE PURCHASING PARTICIPANTS)**

The contractor must have a representative who can provide technical assistance within twenty-four (24) hours of written notification. On site visits to the cooperative procurement participant may be required. The contractor must assist the ordering user with design and layout of forms in the most efficient manner. This representative must be able to help diagnose and solve problems with equipment operation, which may be related to the use of forms produced under this contract. This representative is to be available within 24 hours after notification.

If at any time it is learned that the contractor has intentionally directed the user in a matter, which has unnecessarily cost additional money, the contract may be cancelled and the contractor may be suspended or debarred from doing further business with the State.

#### **1.15 SUMMARY OF ORDERS (ALL USERS)**

Contractor will be required to send to the OSP one sample form and one copy of the cost analysis sheet for each job completed under this contract.

#### **1.16 ACKNOWLEDGEMENTS AND COST STATEMENT (ALL USERS)**

A cost statement from the contractor may be requested by the ordering entity prior to placing the order into production. Contractor must respond verbally or in writing within (5) five working days. The user must then issue written acceptance of cost to the contractor. Written acceptance from the user may be in the form of a purchase order including the price or as a letter confirming the purchase order number already sent to contractor and verifying the cost. Contractor should not begin work on any purchase order requesting "statement of cost#" without written authorization from user. Delivery time will not begin until contractor receives written authorization from the agency.

#### **1.17 PAPER PRICE CHANGE CLAUSE**

No price increases will be authorized during the initial 60 days of this contract. After the initial 60 days, the contractor may request in writing that OSP give consideration to a paper cost increase, but must furnish all documentation to support the cost increase. Price increases, which are approved, will become effective within the (10) working days after date of written authorization from OSP. Any price increase will remain firm for a period of not less than sixty (60) days.

**MOORE WALLACE CHOSEN OPTION:**

Option one. The successful vendor will be required under separate cover, to provide OSP with dated invoices from the respective mill(s) which show the actual cost of papers being supplied to the state. These invoices will serve as the basis for all price increases or decreases throughout the contract period, and will be kept in the strictest of confidence. Invoices dated after the contract award date must be provided with all paper price increase requests. For all other papers, invoices will be required within ten (10) working days after receipt of written request from OSP. These invoices must reference the State of Arkansas contract and be specific as to the brand and amount of paper shipped and the unit price paid. Changes, which are granted based upon a mill, announced increase, and must be authenticated by subsequent mill invoices. In those instances where announced mill increases are not evident on invoices, the State will take the necessary action to readjust unit prices and collect any overpayments.

The option selected, prior to contract award, will serve as the basis for all paper price changes authorized by OSP during the term of this contract and on any subsequent period(s) of extension.

The contractor confirms that his company and any subcontractors will guarantee the State full benefit of all paper price decreases passed along from the mill or supplier. When market conditions indicate that a reduction in cost is warranted, the contractor will be required upon written notification from OSP to lower his price for paper on all jobs in production and on all future jobs until such time as an authorized change in cost is made or the contract is terminated.

Any paper price increase or decrease will be based on the originally bid running charge for the basic form size and number of parts.

**1.18 QUALITY**

The printing and workmanship of all forms furnished under this contract must be of "first class" quality. All materials and operations such as printing, collating, punching, perforating, registration, paper and carbon shall be of such quality as to insure satisfactory usage

**1.19 OVERRUNS/UNDERRUNS**

The overrun/underrun provision in this contract is included as an allowance to provide the contractor with a broad target with regard to the number of forms required for delivery on a specific order. Overruns shipped by the contractor will be subject to the following schedule:

FORMS ORDERED	VARIATION ALLOWED
Up to - 50,000	10%
50,001 - 100,000	8%
100,001 - 150,000	5%
150,001 - OVER	2%

Any orders issued which specify no overruns or underruns may be charged an additional five (5) percent of the invoice amount. This provision may not be used in combination with the upcharge for #guaranteed no missing numbers#.

If the agency receives an excessive overrun, notify OSP.

**1.20 PROOFS (ALL USERS)**

Proofs must be furnished on all forms, which are not an exact repeat or not furnished camera-ready by agency unless otherwise specified. Contractor should submit a proof any time the probability of error exists. Any changes made by the ordering agency shall be charged as specified under "author's alterations" in Additional Charges section. No allowances will be made for contractor's errors, such as typographical error. Proofs required by agency on exact repeat will be \$10.00 each.

Both the user and the contract holder are responsible for keeping accurate records showing time copy and proofs are mailed and received in order to calculate the final delivery date of the finished product. These records must show the dates proofs are mailed or delivered to the using agency and the date(s) they are returned. When the proofs are sent, the contract holder will provide a proofing document to sign indicating if corrections are necessary. The document will show the signature of the person reviewing the document, the date it was reviewed, and the necessary corrections to be made, if any. The contractor will not proceed without this signature. The time proofs are out of his plant will not count against production time.

When proofs are submitted to the agency, it will be the agency's responsibility to make the necessary corrections. The notation "AA" (Author's Alterations) or "PE" (Printer's Error) will be made in the margin of the copy along with each correction. Additional time to review proofs needed because of vendor errors in setting composition will be counted as production time.

Author's alterations are changes made by the originator after typesetting has been accomplished according to the original draft. If the printer makes errors in the setting of composition, the correction of these errors is not chargeable to the agency. The "PE", "AA" designations will identify those charges for which the user should correctly be billed.

Proof must be sent within fifteen (15) working days after final submission of order. Any proofs requiring changes must be resubmitted within ten (10) working days.

Contractor shall be responsible for all transportation expenses for delivery of the proofs.

#### **1.21 INVOICING**

The contractor must submit invoices in triplicate unless otherwise specified. The invoice must clearly show the contract number and the agency's purchase order number. Analysis of all charges must be included with the invoice. The contractor will be required to give the total cost for the recycled paper used in the production of the order on the analysis sheet. The ordering agency's procurement office must receive two sample forms and two copies of the cost analysis sheet. The OSP must receive one sample form and one copy of the cost analysis sheet.

#### **1.22 LIQUIDATED DAMAGES OR PENALTY (STATE AGENCIES)**

All commodities furnished will be subject to inspection and acceptance after delivery. Failure to meet specifications authorizes the OSP to cancel this contract or any portion of same and reasonably purchase commodities elsewhere and charge full increase, if any, in cost and handling to the defaulting contractor.

Liquidated damages imposed by the against the contractor for failure to meet delivery schedule will be one percent (1%) of the invoice amount for each working day beyond the specified delivery time. The contractor shall be relieved of delays due to causes beyond his control such as Acts of God, national emergency, strikes or fire. The OSP will assess penalties for late delivery in all cases except those that relate to causes beyond the contractor's control. The contractor must notify in writing, on a timely basis, OSP of such developments stating reason, justification and extent of delay. Other liquidated damages provided for in this contract must be verified and approved in writing by OSP prior to application by the ordering agency.

When the time does not allow for reprinting or reordering, acceptance of an inferior commodity may result in a liquidated damage of up to 20% of the invoice price or \$500 whichever is smaller.

#### **1.23 LIQUIDATED DAMAGES OR PENALTY (COOPERATIVE PURCHASING PARTICIPANTS)**

All commodities furnished will be subject to inspection and acceptance after delivery. If the contractor fails to meet the specifications the Cooperative Purchasing Participant should notify OSP in writing.

Liquidated damages imposed against the contractor for failure to meet delivery schedule will be one percent (1%) of the invoice amount for each working day beyond the specified delivery time. The contractor shall be relieved of delays due to causes beyond his control such as Acts of God, national emergency, strikes or fire.

**OUTLINE AGREEMENT AWARD TERMS AND CONDITIONS**

1. GENERAL: All terms and conditions stated in the invitation for bid govern this contract.
2. PRICES: Prices are firm and not subject to escalation, unless otherwise specified in the invitation for bid.
3. DISCOUNTS: All cash discounts offered will be taken if earned.
4. TAXES: Most state agencies must pay state sales tax. Before billing, the contractor should contact the ordering agency to find out if that agency must pay sales tax. Itemize state sales tax when applicable on invoices.
5. BRAND NAME REFERENCES: The contractor guarantees that the commodity delivered is the same as specified in the bid.
6. GUARANTY: All items delivered are to be newly manufactured, in first- class condition, latest model and design, including, where applicable, containers suitable for shipment and storage unless otherwise indicated in the bid invitation. The contractor guarantees that everything furnished hereunder will be free from defects in design, workmanship, and material; that if sold by drawing, sample or specification, it will conform thereto and will serve the function for which furnished. The contractor further guarantees that if the items furnished hereunder are to be installed by the contractor, such items will function properly when installed. The contractor also guarantees that all applicable laws have been complied with relating to construction, packaging, labeling, and registration. The contractor's obligations under this paragraph shall survive for a period of one year from the date of delivery, unless otherwise specified in the invitation for bid.
7. AWARD: This contract award does not authorize shipment. Shipment against this contract is authorized by the receipt of a purchase order from the ordering agency. A written purchase order mailed or otherwise furnished to the contractor results in a binding obligation without further action by either party.
8. DELIVERY: The term of the contract is shown on the face of the contract award. The contractor is required to supply the state's needs during this term. The number of days required to place the commodity in the receiving agency's designated location under normal conditions is also shown. Consistent failure to meet delivery without a valid reason may cause removal from the bidders' list or suspension of eligibility for award.
9. BACK ORDERS OR DELAY IN DELIVERY: Back orders or failure to deliver within the time required may be default of the contract. The contractor must give written notice to the Office of State Procurement and ordering agency of the reason and the expected delivery date. If the reason is not acceptable, the contractor is in default. The Office of State Procurement has the right to extend delivery if reasons appear valid. If the date is not acceptable, the agency may buy elsewhere.
10. DELIVERY REQUIREMENTS: No substitutions or cancellations are permitted without written approval of the Office of State Procurement. Delivery shall be made during agency work hours only, 8:00 a.m. to 4:30 p.m., unless prior approval for other delivery has been obtained from the agency. Packing memoranda shall be enclosed with each shipment.
11. STORAGE: The ordering agency is responsible for storage if the contractor delivers within the time required and the agency cannot accept delivery.

STATE OF ARKANSAS  
State Term Contract

CONTRACT NO: SP-03-0544

PAGE 12 of 28

12. **DEFAULT:** All commodities furnished will be subject to inspection and acceptance of the ordering agency after delivery. Default in promised delivery or failure to meet specifications authorizes the Office of State Procurement to cancel this contract or any portion of same and reasonably purchase commodities elsewhere and charge full increase, if any, in cost and handling to the defaulting contractor.

13. **VARIATION IN QUANTITY:** The state assumes no liability for commodities produced, processed or shipped in excess of the amount specified herein.

14. **INVOICING:** The contractor shall submit an original and two copies of an itemized invoice showing the bid number and purchase request number when itemized in the invitation for bid. Invoices must be sent to "Invoice to" point shown on the purchase order.

15. **STATE PROPERTY:** Any specifications, drawing, technical information, dies, cuts, negatives, positives, data or any other commodity furnished to the contractor hereunder or in contemplation hereof or developed by the contractor for the use hereunder shall remain property of the state, be kept confidential, be used only as expressly authorized, and be returned at the contractor's expense to the F.O.B. point, properly identifying what is being returned.

16. **ASSIGNMENT:** This contract is not assignable nor the duties hereunder delegable by either party without the written consent of the other party to the contract.

17. **OTHER REMEDIES:** In addition to the remedies outlined herein, the contractor and the state have the right to pursue any other remedy permitted by law or in equity.

18. **LACK OF FUNDS:** The state may cancel this contract to the extent funds are no longer legally available for expenditures under this contract. Any delivered but unpaid for goods will be returned in normal condition to the contractor by the state. If the state is unable to return the commodities in normal condition and there are no funds legally available to pay for the goods, the contractor may file a claim with the Arkansas Claims Commission. If the contractor has provided services and there are no longer funds legally available to pay for the services, the contractor may file a claim.

19. **QUANTITIES:** The state may order more or less than the estimated quantity in the invitation for bid.

20. **DISCLOSURE:** Failure to make any disclosure required by the Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

## **RECYCLED PAPER**

### **ARKANSAS PREFERENCE FOR RECYCLED PAPER CONTENT AND CERTIFICATION**

A.C.A. of 1987, \_19-11-260, directs that the State of Arkansas will offer a preference for the purchase of recycled paper products.

"(c)(1) Whenever a bid is required, a preference for recycled paper products shall be exercised if the use of the products is technically feasible and price is competitive.

(2)(A) For the purpose of procurement of recycled paper products, 'competitive' means the bid price does not exceed the lowest qualified bid of a vendor offering paper products manufactured or produced from virgin material by ten percent (10%).

(B) An additional one percent (1%) preference shall be allowed for products containing the largest amount of postconsumer materials recovered within the state of Arkansas."

As a condition of award, the Office of State Procurement may require that the apparent low bidder provide confirmation of the specifications of the recycled paper(s) bid by providing a certified letter from the manufacturer (mill) confirming the paper's basis weight, brightness, opacity and postconsumer content.

Bidders requesting the additional one percent (1%) preference for the largest allowable percentage of postconsumer materials recovered from within the State of Arkansas must provide authentication in the form of a certificate from the deinking facility which processed the postconsumer material. This information must be substantiated by the mill manufacturing the paper used to fulfill this contract.

In accordance with the authority granted to the State Procurement Director by A.C.A. of 1991, \_19-11-203(31), the following definition of recycled paper applies:

"Recycled paper," as it applies to coated stock, shall mean any paper that contains not less than 10 percent (10%) postconsumer material by fiber weight; as it applies to **uncoated stock**, it shall mean any paper that contains not less than 20 percent (20%) postconsumer material by fiber weight.

Vendors requesting the one percent (1%) postconsumer material preference must indicate the percentage of postconsumer material recovered from within the State of Arkansas contained in the paper offered.

Any sheet offered that is found to contain excessive lint or foreign (nonpaper) elements will be rejected.

Bidders offering recycled paper must, upon receipt of a written request from the Office of State Procurement, make available samples for inspection within five working days.

## **2.0 FORM SPECIFICATIONS**

### **2.1 LOCKUP SPACE**

Lockup space is that space used to clamp the printing plate to the plate cylinder. The lockup space is a 1/2" wide uninterrupted space across the width of the form. No printing can be done within this area using just one plate. **If no lockup space is provided, the contractor must make (and charge) for a second plate.** This will be charged as an additional color of ink. See hyperlink 6300000219 for diagram.

### **2.2 FORMS MEASUREMENTS**

Continuous form sizes are designated by width and then by depth (length). The width includes the overall measurements of the form from one edge to the other including the line hole margins. Thus, a form with a tear-down size of 8 1/2" x 11" is actually a continuous form with an overall size of 9 1/2" x 11". The two 1/2" margins when removed result in the desired form size. See hyperlink 6300000219 for diagram.

### **2.3 BASIC FLAT CHARGE**

An individual flat charge shall be allowed for each size of custom continuous form. Each time a form repeats itself, the repeated composed area between perforations determines the basic form depth (length). Only one basic flat charge per form ordered shall be allowed. The basic flat charge shall include all of the following specifications:

All preparatory cost such as press make ready including any paper roll change for the first ply, negatives and plates necessary prior to actual press operations shall be included in the basic flat charge.

Construction shall include the following:

Crimp fastening of carbon to back of the preceding part in one margin, both margins, or loose.

Horizontal perforation of all parts between sets.

Vertical standard 1/2" perforations on one or both margins through all paper parts as specified by the agency.

Marginal line hole punching on both left and right sides of form. Holes must be 5/32" size, 1/2" center to center, 1/4" center to edge, through all parts.

Non-processed carbon.

Carbon paper must be a minimum weight of 7 lb., medium grade, non-processed **black**, fully coated on one side and horizontally perforated between all sets.

The paper included in the basic flat and running charges shall be as indicated below. **PLEASE NOTE THIS CONTRACT INCLUDES VIRGIN AND RECYCLED PAPERS. THOSE RECYCLED PAPERS LISTED BELOW MUST BE USED IN LIEU OF VIRGIN PAPER FOR JOBS PRODUCED UNDER THIS CONTRACT. THE CONTRACTOR IS ENCOURAGED TO USE OTHER RECYCLED PAPERS WHEN AVAILABLE.**

These paperweights for the basic forms are listed as a **guide** to the contractor.

Two and three part forms - All 15# paper

Four, Five and Six part forms - 15# on part one, all others 12# paper

Agency may request other combinations of the 12 or 15 pound, #4 Grade Registered Sulphite Bond, White or colored at no additional charge.

**Contractor is to list a minimum of five (5) paper colors in addition to white that will be furnished. Yellow, pink, goldenrod, green and blue.**

**RECYCLED PAPER WEIGHTS AND COLORS THAT MUST BE USED WHEN A FORM USING THESE PAPER WEIGHTS OR COLORS IS REQUESTED.**

12 LB. Canary and Pink bond  
15 LB. White bond  
15 LB. Canary and Pink bond  
20 LB. White bond  
20 LB. Canary and Pink bond  
24 LB. White MICR bond

15# LB. CB carbonless, white only.  
14.5 LB. CFB carbonless, White, Canary, Pink  
15# LB. CF carbonless, White, Canary, Pink  
**The carbonless paper will be black image.**

The base price shall include black ink on the face of all parts. See allowances for other ink options.

Printing on back of all parts with one color (agency's choice) black or gray ink.

All marginal words or phrases included in the basic flat charge at the contractor's choice of color. Total length of marginal words cannot exceed 5 inches in length.

Forms must be packaged in corrugated containers, which must be of sufficient strength to protect forms from damage during shipping, handling and storage. Internal dimensions of cartons must be approximately 1/16" greater than width and 1/8" greater than length of packed forms so as to assure against damage from bending, curling, shifting, etc. Forms must be packed "face-up".

All cartons must be marked as to contractor name, description of form, quantity within, numbering sequence within (if applicable), date produced and any other pertinent information.

Cartons should be packaged consistent with industry standards. Individual carton weight should not exceed 50 lbs.

Proofs must be furnished on all forms, which are not an exact repeat or not furnished camera-ready by agency unless otherwise specified. Contractor should submit a proof any time the probability of error exists. Any changes made by the ordering agency shall be charged as specified under "author's alterations" in Additional Charges section. No allowances will be made for contractor's errors, such as typographical error. Proofs required by agency on exact repeat will be \$10.00 each.

Allowances are given in this bid for various other combinations of ink and numbering in contractor's choice of color.

**3.0 SPECIAL FEATURES ALLOWANCES AND REDUCTIONS**

**3.1 BLANK ORDERS**

If there is no printing on the form except for the consecutive numbers, prefix or suffix letters, contractor must reduce the price as follows:

- Some parts blank - See deletion.
- All parts blank - Deduct 50% of the basic flat charge.

### 3.2 COMPOSITION

#### MINIMUM CHARGE OF \$10.00

The contractor will be allowed to charge for composition when a negative, camera-ready artwork, TIF or EPS file is not available. If a negative, TIF or EPS file is not available the agency must provide camera-ready copy or allow the contractor to set the type. The point sizes may be stipulated by the ordering agency. The agency will not be allowed to provide the composition on disk to the contractor.

- LIGHT - Few lines of type with no borders.
- MEDIUM - Several lines of type, simple borders, cross rule form with simple headings.
- HEAVY - Many line of type, Fancy/detailed borders, Closely spaced cross rule form with headings.

SEE HYPERLINK 600000214 FOR COMPOSITION EXAMPLES.

The cost will be priced per square inch for typesetting services. Charge may only be applied to the area containing copy (i.e. if the form size is 11 X 8 1/2" with copy in an area 11" x 4", the cost is figured by multiplying the total number of square inches of copy (11" x 4" = 44) by the appropriate composition charge. If the area of copy measures 1/2" or less, the fraction is dropped. If more than 1/2", the measurement is rounded up to the next inch. One half inch or less of total composition will be priced at 1/2" the prevailing rate. Composition charges shall be allowed for changes from part to part at the same rate for the area effected.

- LIGHT - \$ .60 PER SQUARE INCH
- MEDIUM - \$ .75 PER SQUARE INCH
- HEAVY - \$ .85 PER SQUARE INCH

### 3.3 VOLUME DISCOUNT

Because of the generally accepted principle that volume ordering results in cost savings, this RFQ incorporates a volume discount requirement that the contractor must apply to those orders which qualify. A percentage discount will be applied to the base running charge of high volume orders. The discount applies only to those orders of single and multiple part forms with a total single sheet equivalent of 400,000 sheets or more.

Single Sheet Equivalent	Percentage Discount From Base Running Charges
400,000 - 599,999	6%
600,000 - 799,999	7%
800,000 - and up	8%

The following table lists multiple part forms converted into single sheet equivalents, which qualify for the minimum discount rate:

400,000	Single sheet forms
200,000	Two part forms
133,000	Three part forms
100,000	Four part forms
80,000	Five part forms
67,000	Six part forms

### 3.4 PLATE CHANGE ALLOWANCES

- Plate change \$50.00 Flat  
This will be allowed to make changes from part to part.
  
- Deletion of printed area from one or more parts. \$10.00 Flat  
When adequate room is available to permit a deletion, the contractor will use this charge. The area to be deleted must not be interrupted by rules and must have a minimum of 3/16" unprinted area surrounding the copy to be deleted.
  
- Block Outs  
The contractor may charge a plate change for blackout area. Contractor must furnish artwork for blackout design.
  
- Marginal Words  
All marginal words or phrases including "non negotiable" on checks, shall be included in the basic flat charge at the contractor's choice of color. Total length of marginal words cannot exceed 5". Type size may be up to and including 1/4". The positioning of marginal words including staggering from part to part within a form is at ordering agency's option.
  
- Author's Alterations  
Contractor may charge applicable composition change for the area involved with a minimum charge of \$10.00.
  
- Back Printing \$60.00 Flat
  
- Phantoms/Pantographs/Borders \$25.00 Flat  
  
Contractor is authorized a single flat charge for each phantom, pantograph and or border. No charge for phantoms, pantographs and/or borders repeated on successive parts in a form or on repeat orders.
  
- Reverses No Charge
  
- Screens (Excluding Phantoms) \$25.00 Flat

Total charges for any one part will not exceed \$50.00 for each screen value (example: 10%, 20% etc.) Each change in screen value will carry a separate \$25.00 flat charge.

### 3.5 NUMBERING

Numbering shall be in standard red ink or contractor's standard color of ink unless otherwise specified by agency. Numbers must be confined to the front only, and must be approximately 3/16" in height. Contractor must use the most economical numbering if agency does not specify otherwise. (A missing numbers list must be delivered with all numbered orders.)

- The 5% charge for no overrun/underrun will not apply to orders that are priced as guaranteed no missing numbers unless the agency specifically requests no overruns or underruns.
  
- Crash Imprinted (Carbon Impressed) \$25.00 Flat  
Numbers will be printed in ink on original only and impressed by carbon or chemically treated carbonless paper on the face of the other parts. Forms cannot be numbered where there is no carbon and numbers must be in the same position on all parts.

- Additional Charge for guaranteed no missing numbers on "crash imprinted" numbering. \$1.00 per M Sets
- All ink numbers \$25.00 Flat + \$ .15 per M parts  
Numbering must be printed in ink instead of carbon impressed on all copies. The number may be located anywhere on the form, but must remain in the same position on all parts.
- Each additional "all ink" number on the same form \$25.00 Flat
- Additional Charge for guaranteed no missing numbers. \$1.00 per M sets
- Number Reset in Series \$5.00 Flat
- Prefix \$5.00 Flat
- Suffix is part of the base plate. Printed as either a plate change or marginal word(s).
- Position Change \$25.00 Flat  
A position variation within a set
- Color of Ink other than Red \$30.00 Flat  
or contractor's standard color numbering.

### 3.6 MAGNETIC INK

Magnetic ink shall be all black MICR. (Magnetic ink is primarily used on checks).

- Static MICR (Repetitive) \$50.00 Flat + \$1.50 per M MICR Numbers
- Consecutive MICR \$60.00 Flat + \$3.00 per M MICR Numbers
- This charge in addition to any charges for regular numbering.

### 3.7 OPTICALLY SCANNED FORMS (OCR FORMS)

- \$100.00 Flat + .50 per M Forms
- The flat charge will cover all the extra handling for OCR forms such as composition, printing, and tolerance of ink requirements. Upcharges for paper are allowed in the designated tables.
- Contractor must guarantee that OCR forms, which are produced, will perform properly on the scanning equipment on which the forms are to be used. **It is mandatory that the ordering agency specifies the make and model of the scanning equipment.**

If the contractor cannot guarantee the performance of the OCR forms, he must waive the order in writing. Upon waiver, the State will purchase the OCR forms according to current procurement procedures. The contractor has five (5) days in which to waive any OCR order received.

### 3.8 INK CHARGES

Base prices include black ink on front and (Agencies choice of black or gray) on the back with numbering in red (or contractor's standard color) and marginal words in contractor's choice of color. The following additional charges shall be allowed for inks other than those included in the base price.

- 1 color other than black on the face of one or more parts \$30.00 Flat
- 2 colors, black and 1 other color on the face of one or more parts \$60.00 Flat
- 2 colors, other than black on the face of one or more parts \$90.00 Flat
- 3 colors, black and 2 other colors on the face of one or more parts \$140.00 Flat
- 3 colors other than black on the face of one or more parts \$155.00 Flat
- 1 color other than black or gray on the back of one or more parts \$35.00 Flat
- PMS colors or exact match \$35.00 Flat

**SOYOIL INK:**

The use of soybean oil ink is required. Please complete the blanks below:

**BRAND OF INK:** \_\_\_\_\_ **INK MFGR:** \_\_\_\_\_

**3.9 FASTENING**

- Hot melt, cold solid line, or spot glueing. \$25.00 Flat + .50 per M  
(Base charge includes crimping or glueing)
- Fugitive Glue for each glue line utilized. \$20.00 Flat + .30 per M

(A nonpermanent light glue line that permits separation without damage to paper parts. Usually used to hold carbon paper in place.

**3.10 PAPER**

- See upcharge for paper stock for all papers not included in base price.
- Special Sizes: Use price for next larger size except as noted. Forms for which the overall width and or the number of parts have been intentionally deleted from this contract will be purchased separately.

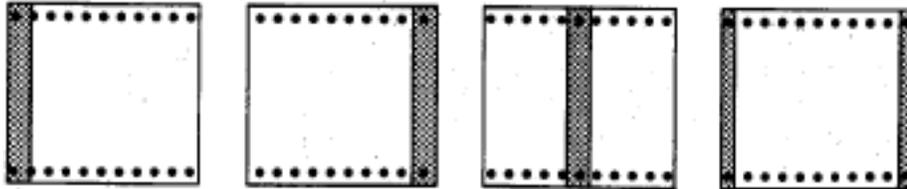
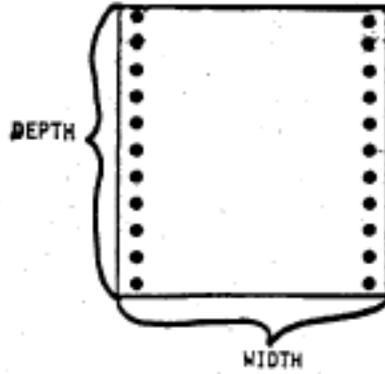
**3.11 SPECIAL CARBONS**

In addition to the full carbons provided as a part of the base flat charge for continuous forms ordered under this contract, several other types of carbon are also available. Some instances may require the use of both pattern and stripe carbon.

- Stripe carbon - See extra charge table. Stripe is a continuous band or bands of carbon that run parallel to the margins. Although used for basically the same purpose as pattern carbon, stripe carbon is considerably less expensive. Some instances may require the use of pattern and stripe carbon.



**LOCKUP AND FORM SIZE GUIDE**



Continuous Form Lockup

STATE OF ARKANSAS  
State Term Contract

CONTRACT NO: SP-03-0544

PAGE 22 of 28

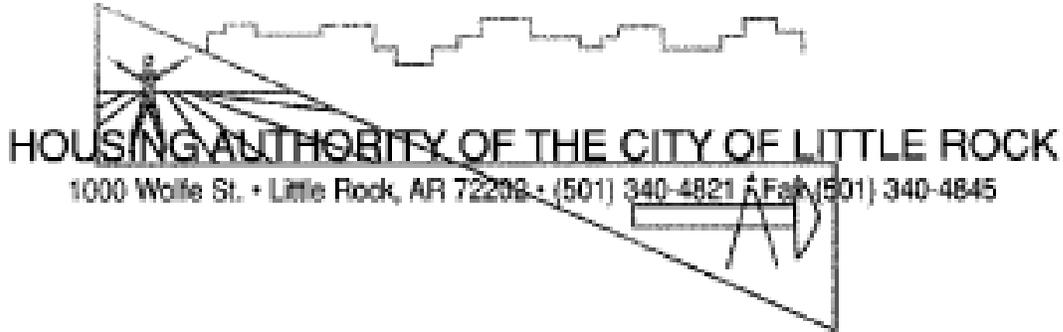
**SIZE CODE**

5 3/4 x 3	05630
6 1/2 x 3	06530
8 x 3	08030
8 1/2 x 3	08530
9 1/2 x 3	09530
9 7/8 x 3	09730
10 5/8 x 3	10530
11 x 3	11030
11 3/4 x 3	11330
12 27/32 x 3	12230
13 5/8 x 3	13550
14 7/8 x 3	14730
15 1/2 x 3	15530
16 x 3	16030
16 3/4 x 3	16330
17 27/32 x 3	17230
5 3/4 x 3 1/2	05635
6 1/2 x 3 1/2	06535
8 x 3 1/2	08035
8 1/2 x 3 1/2	08535
9 1/2 x 3 1/2	09535
9 7/8 x 3 1/2	09735
10 5/8 x 3 1/2	10535
11 x 3 1/2	11035
11 3/4 x 3 1/2	11335
12 27/32 x 3 1/2	12235
13 5/8 x 3 1/2	13535
14 7/8 x 3 1/2	14735
15 1/2 x 3 1/2	15535
16 x 3 1/2	16035
16 3/4 x 3 1/2	16335
17 27/32 x 3 1/2	17235
5 3/4 x 3 2/3	05636
6 1/2 x 3 2/3	06536
8 x 3 2/3	08036
8 1/2 x 3 2/3	08536

9 1/2 x 3 2/3	09536
9 7/8 x 3 2/3	09736
10 5/8 x 3 2/3	10536
11 x 3 2/3	11036
11 3/4 x 3 2/3	11336
12 27/32 x 3 2/3	12236
13 5/8 x 3 2/3	13536
14 7/8 x 3 2/3	14736
15 1/2 x 3 2/3	15536
16 x 3 2/3	16036
16 3/4 x 3 2/3	16336
17 27/32 x 3 2/3	17236
5 3/4 x 5 1/2	05655
6 1/2 x 5 1/2	06555
8 x 5 1/2	08055
8 1/2 x 5 1/2	08555
9 1/2 x 5 1/2	09555
9 7/8 x 5 1/2	09755
5 3/4 x 5 2/3	05656
6 1/2 x 5 2/3	06556
8 x 5 2/3	08056
8 1/2 x 5 2/3	08556
9 1/2 x 5 2/3	09556
9 7/8 x 5 2/3	09756
5 3/4 x 7	05670
6 1/2 x 7	06570
8 x 7	08070
8 1/2 x 7	08570
9 1/2 x 7	09570
9 7/8 x 7	09770
5 3/4 x 7 1/3	05673
6 1/2 x 7 1/3	06573
8 x 7 1/3	08073
8 1/2 x 7 1/3	08573

9 1/2 x 7 1/3	09573
9 7/8 x 7 1/3	09773
5 3/4 x 8 1/2	05685
6 1/2 x 8 1/2	06585
8 x 8 1/2	08085
8 1/2 x 8 1/2	08585
9 1/2 x 8 1/2	09585
9 7/8 x 8 1/2	09785
10 5/8 x 8 1/2	10585
11 x 8 1/2	11085
11 3/4 x 8 1/2	11385
12 27/32 x 8 1/2	12285
13 5/8 x 8 1/2	13585
14 7/8 x 8 1/2	14785
15 1/2 x 8 1/2	15585
16 x 8 1/2	16085
16 3/4 x 8 1/2	16385
17 27/32 x 8 1/2	17285
5 3/4 x 11	05611
6 1/2 x 11	06511
8 x 11	08011
8 1/2 x 11	08511
9 1/2 x 11	09511
9 7/8 x 11	09711
10 5/8 x 11	10511
11 x 11	11011
11 3/4 x 11	11311
12 27/32 x 11	12211
13 5/8 x 11	13511
14 7/8 x 11	14711
15 1/2 x 11	15511
16 x 11	16011
16 3/4 x 11	16311
17 27/32 x 11	17211

**COMPOSITION TYPES**



*Light  
Composition*

RECEIVED  
MAY 19 PM 4:11  
STATE PROCUREMENT



STATE OF ARKANSAS  
**Department of Finance  
and Administration**

**DRIVER SERVICES  
Driving Records**  
Kagland Building, Room 1134  
Post Office Box 1272  
Little Rock, Arkansas 72203-1272  
Phone: (501) 682-7207  
Fax: (501) 682-2075  
<http://www.state.ar.us/dfa>

LICENSEE

REQUESTING PARTY

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A REPORT OF YOUR DRIVING RECORD HAS BEEN SENT TO THE REQUESTING PARTY NAMED ABOVE. THE REQUESTING PARTY IS A SERVICE BUREAU WORKING FOR YOUR INSURANCE COMPANY AND/OR EMPLOYER. THIS IS A COPY OF THE INFORMATION RELEASED TO THEM. IF YOU FEEL ANY PART OF THIS RECORD IS IN ERROR, YOU MAY CONTACT THIS OFFICE AT 682-7207.

*Light  
Composition*

STATE OF ARKANSAS  
State Term Contract

CONTRACT NO: SP-03-0544

PAGE 25 of 28

Receipt # **134341** Arkansas Department of Human Services  
CASH FUND RECEIPT

County Code \_\_\_\_\_ Date \_\_\_\_\_

Received from \_\_\_\_\_

Cash  Check  Money Order  Other  Amt. of Receipt \$ \_\_\_\_\_

Fund or Account Number to be Credited \_\_\_\_\_

DHS-1079 (05/03) Received by \_\_\_\_\_

Receipt # **134342** Arkansas Department of Human Services  
CASH FUND RECEIPT

County Code \_\_\_\_\_ Date \_\_\_\_\_

Received from \_\_\_\_\_

Cash  Check  Money Order  Other  Amt. of Receipt \$ \_\_\_\_\_

Fund or Account Number to be Credited \_\_\_\_\_

DHS-1079 (05/03) Received by \_\_\_\_\_

*Medium  
Composition*

Receipt # **134343** Arkansas Department of Human Services  
CASH FUND RECEIPT

County Code \_\_\_\_\_ Date \_\_\_\_\_

Received from \_\_\_\_\_

Cash  Check  Money Order  Other  Amt. of Receipt \$ \_\_\_\_\_

Fund or Account Number to be Credited \_\_\_\_\_

DHS-1079 (05/03) Received by \_\_\_\_\_

Receipt # **134344** Arkansas Department of Human Services  
CASH FUND RECEIPT

County Code \_\_\_\_\_ Date \_\_\_\_\_

Received from \_\_\_\_\_

Cash  Check  Money Order  Other  Amt. of Receipt \$ \_\_\_\_\_

# Travel Request



Date \_\_\_\_\_

Employee \_\_\_\_\_

hereby requests permission to travel to \_\_\_\_\_

for the purpose of \_\_\_\_\_

Date and time of departure \_\_\_\_\_ Date and time of return \_\_\_\_\_ Total days \_\_\_\_\_

Type of transportation desired  motor pool vehicle  bus  air  personal vehicle  other (specify) \_\_\_\_\_

Estimated cost of trip

\_\_\_\_\_ miles at \_\_\_\_\_ per mile \$ \_\_\_\_\_

\_\_\_\_\_ meals \$ \_\_\_\_\_

\_\_\_\_\_ nights' lodging \$ \_\_\_\_\_

Registration fee \$ \_\_\_\_\_

(attach form if requesting advance payment) \$ \_\_\_\_\_

Other (describe) \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

If motor pool vehicle is used, list all passengers below.

*Medium  
Composition*

Additional approval (if required) \_\_\_\_\_

Traveler's signature \_\_\_\_\_

Immediate superior's signature \_\_\_\_\_

## To University of Arkansas - Fort Smith Chancellor

I hereby request approval for the above travel, with these expenses charged to FOAPAL \_\_\_\_\_

Signature of provost/vice chancellor/dean \_\_\_\_\_

Approved and forwarded to vice chancellor for finance and campus services for transportation assignment.

Disapproved for the following reasons \_\_\_\_\_

Signature of chancellor or designee \_\_\_\_\_

For motor pool vehicle, contact Physical Plant secretary. If motor pool vehicle is available for use and traveler chooses to drive personal vehicle, mileage reimbursement will be at motor pool vehicle rate.

For commercial transportation, contact the procurement travel office before making arrangements.

Signature of vice chancellor for finance and campus services \_\_\_\_\_

STATE OF ARKANSAS  
State Term Contract

CONTRACT NO: SP-03-0544

PAGE 27 of 28

ARKANSAS DEPARTMENT OF HEALTH  
Section of In-Home Services

Date Plan Established \_\_\_\_\_

**Aide Assignment Sheet**

Name of Patient		Birthdate	Sex	Telephone	Visits Per Week
<p style="font-size: 2em; font-family: cursive;">HEAVY Composition</p>					
Address/Directions to Home					
<b>Lives</b> <input type="checkbox"/> Alone <input type="checkbox"/> Spouse <input type="checkbox"/> Family		<b>Primary Caregiver</b> <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other		<b>Activities Permitted</b> <input type="checkbox"/> Complete Bedrest <input type="checkbox"/> Bedrest BRP <input type="checkbox"/> Up as Tolerated <input type="checkbox"/> Partial Wt. Bearing <input type="checkbox"/> Exercise Prescribed <input type="checkbox"/> Transfer Bed/Chair	
<b>Functional Limitations</b> <input type="checkbox"/> Amputation <input type="checkbox"/> Bowel/Bladder <input type="checkbox"/> Contractures				<input type="checkbox"/> Speech <input type="checkbox"/> Ambulation <input type="checkbox"/> Endurance <input type="checkbox"/> Dyspnea	
<b>Special Equipment</b> <input type="checkbox"/> Crutches <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Care <input type="checkbox"/> Tub Stool <input type="checkbox"/> Wheelchair <input type="checkbox"/> Glasses <input type="checkbox"/> BSC <input type="checkbox"/> Toileting Equip. <input type="checkbox"/> Catheter <input type="checkbox"/> Dressing Equip. <input type="checkbox"/> Oxygen <input type="checkbox"/> Transfer Equip. <input type="checkbox"/> Grab Bars <input type="checkbox"/> Walker					
<b>Nutritional Requirements:</b> <input type="checkbox"/> Force Fluids <input type="checkbox"/> Restrict Fluids <input type="checkbox"/> Encourage Food <input type="checkbox"/> I & O					
<b>Aide Services</b>		Every Visit	Once A Week	As Needed	Other Frequency Specified
<b>1 Bath</b> <input type="checkbox"/> Total <input type="checkbox"/> Bed <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Partial <input type="checkbox"/> Assist					
<b>2 Hair Care</b> <input type="checkbox"/> Comb <input type="checkbox"/> Shampoo					
<b>3 Grooming</b> <input type="checkbox"/> Assist with Dressing <input type="checkbox"/> Assist with Shaving					
<b>4 Oral Hygiene</b> <input type="checkbox"/> Total <input type="checkbox"/> Assist <input type="checkbox"/> Dentures					
<b>5 Skin Care</b> <input type="checkbox"/> Massage <input type="checkbox"/> Decubitus Prevention					
<b>6 Nail Care</b> <input type="checkbox"/> Finger Nails <input type="checkbox"/> Clean <input type="checkbox"/> Cut <input type="checkbox"/> File <input type="checkbox"/> Toe Nails <input type="checkbox"/> Clean <input type="checkbox"/> Cut <input type="checkbox"/> File					
<b>7 Meals</b> <input type="checkbox"/> Prepare <input type="checkbox"/> Serve <input type="checkbox"/> Feed					
<b>8 Linens</b>					
<b>9 Laundry</b>					
<b>10 Elimination</b> <input type="checkbox"/> Catheter Care <input type="checkbox"/> Empty Foley Bag					
<b>11 Ambulation</b>					
<b>12 Transfer (assist to chair)</b>					
<b>13 ROM Exercises</b>					
<b>14 Vital Signs</b> <input type="checkbox"/> Pulse <input type="checkbox"/> Respiration <input type="checkbox"/> Temperature <input type="checkbox"/> Blood Pressure					
<b>15 Other</b> _____					
<b>Special Instructions</b>   					
<input type="checkbox"/> Copy Given to Aide <input type="checkbox"/> Copy Left in Home				Signature of RN _____	
Local Health Unit Telephone Number _____					

*HEAVY  
Composition*

**Children's University  
Medical Group**  
P.O. Box 254148  
Little Rock, AR 72225-5149  
(501) 455-0767

Place of Service		
IP	AS	OH

GC Modifier
----------------

DIS. TO INSUR.
----------------

Date		
Mo.	Day	Yr.
C1	C3	C4

Dr#
-----

DEPT.
<b>5SU10</b>
Modifiers
Multiple
Assistant
Other

**PEDIATRIC SURGERY  
PROCEDURES**

DESCRIPTION	S.C.	AMT.	DESCRIPTION	S.C.	AMT.	DESCRIPTION	S.C.	AMT.
<b>INTEGUMENTARY SYSTEM</b>			<b>GASTROINTESTINAL SYSTEM</b>			<b>GENITAL SYSTEM</b>		
Incision/Drain Abscess, Single	1806		Esophagoscopy, Diagnostic, flex or rigid	43200		Bopsy Uter, Wedge	47100	
Complex	13061		with Biopsy, single or mult.	43202		Hepatectomy, Partial Lobectomy	47120	
Incision/Drain Cyst, Simple	13080		Remove Foreign Body	43215		Left Lobectomy, Total	47125	
Complex	13081		with Dilator	43220		Right Lobectomy, Total	47130	
Incision/Remove Foreign Body, Simple	13120		With Guided	43225		Hepatectomy, Suture of Liver Round, Simple	47200	
Complex	13121		Dilation Over Guide Wire String	43460		Cholecystectomy	473	
Debridement	134		Esophagojejunoduodenoscopy, Diagnostic	43226		Anastomosis, Gastrointestinal Tract to	47705	
Biopsy, Skin Lesion 4cm	11130		Remove Foreign Body	43247		Intrahepatic Ducts		
Excision Benign Lesion, cm	114		Esophagectomy, Cervical Approach	43300		Kasai Portocaval Anastomosis	47701	
Excision Malignant Lesion, cm	116		With Repair of Fistula	43305		Pancreaticoduodenectomy	46140	
Excision Pilaridal Cyst, Simple	11770		Thoracic Approach	43310		Esophagectomy Laparotomy	46030	
Repair Superficial Wound, Simple, cm	1200		Thoracic Approach with Repair of Fistula	43312		Drain Peritoneal Abscess	46030	
Repair Superficial Wound, Face, cm	1201		Nissen Fundoplication	43324		Drain Retroperitoneal Abscess, open	46000	
Layer Closure Wound, cm	120		Pyloroplasty	43325		Excision Intra-Abdominal	46030	
Repair Complex, cm	131		Gastrostomy Tube Change	43760		Retroperitoneal Tumor		
Split Graft, Throat/Esophagus, sq cm	151		Gastrojejunostomy	43825		Stomachoscopic Tumor Excision	46215	
Biopsy Breast, Incisional	18100		Gastrotomy	43830		Inguinal Hernia, Patent Infant	49410	
Excision Breast Cyst/Tumor	18120		Closure	43870		Inguinal Hernia, Unilateral < 6 mos	49425	
Benign/Unilateral, One or More			Enterostomy, Release Small Bowel Obstruction	44025		Incorporated, Preterm Infant	49430	
Mastectomy/Gynecomastia Unilateral	18140		Reduce Midgut Intussus (Jact)	44026		Incorporated < 6 mos	49435	
<b>MUSCULOSKELETAL SYSTEM</b>			Reduce Intussusception	44028		Inguinal Hernia, Unilateral 6mo-5yrs	49500	
Bioassy Muscle	26200		Enterostomy, Resectom Small Intestine	44120		Incorporated 6 mos-5 yrs	49501	
Reconstruct Pectus Excavatum/Carinatum	21740		Double Enterostomy	44125		Unilateral > 5 years	49525	
Remove Sternal Bar	20680		Enterostomy/ostomy	44130		Incorporated > 5yrs	49537	
<b>RESPIRATORY SYSTEM</b>			Colectomy, Partial	44140		Repair Inguinal Hernia, Recurrent	49520	
Laryngoscopy, Diagnostic, Newborn	31520		Partial with Colectomy	44141		Repair Unilateral Hernia/Incarcerated	49530	
Except Newborn	31525		Partial with Closure of Distal Segment (Hart)	44143		Recurrent	49535	
Bronchoscopy, Diagnostic, rigid of flex	31522		Partial with Resection with Colectomy	44144		Repair Epigastric Hernia, Simple	49570	
Biopsy	31525		Partial with Colonostomy	44145		Umbilical Herniorrhaphy < 5 Years	49580	
Remove Foreign Body	31526		Total Abdominal w/ Ileostomy	44152		> 5 Years	49585	
Thoracostomy	32000		Total with Proctostomy & Ileostomy	44155		Orchiopexy, Small/Primary Closure	49600	
Tube Thoracostomy	32020		Ileostomy/Ileostomy	44210		Large/Gastrostomy	49605	
Thoracostomy Biopsy	32036		Revision Simple	44212		Staged Closure, Final	49606	
Thoracostomy Major	32100		Complicated	44214		Subtotal/Secondary of Abdominal Wall/Diaphragm	49600	
Decortication Lung	32250		Colostomy or Skin Level Cecostomy	44220		<b>GENITAL SYSTEM</b>		
Pneumorectomy, Total	32440		Revision of Colostomy, Simple	44240		Circumcision, newborn	54180	
Lobectomy	32480		Complicated	44245		Circumcision, non-newborn	54181	
Wedge Resection Lung, Single/Multiple	32500		Enterostomy, Suture of Small Intestine, Single	44302		Circumcision, Revision	54183	
<b>CARDIOVASCULAR SYSTEM</b>			Large Intestine	44304		Orchiopexy, one or two hernia	54540	
Influse A-Port Brovia Placement	36530		Colostomy Closure	44320		Hydrocolectomy	55040	
Remove Influse A-Port Brovia	36535		Closure of Enterostomy with	44325		Oxalotomectomy	58940	
Catheterization, Percutaneous < 2 years	36496		Resection/Anastomosis	44326		Drain Ovarian Abscess	58922	
Percutaneous > 2 years	36499		Excision of Meckel's Diverticulum	44900		Ovarian Cystectomy	58925	
Down (CIV) Hyperamniotic < 2 Years	36480		Incision/Drainage of Appendiceal Abscess	44900		Omentectomy	58926	
> 2 Years	36491		Appendectomy	44900		<b>ENDOCRINE SYSTEM</b>		
Arterial Catheterization	36620		With Other Procedures	44905		Total Thyroid Lobectomy, Unilateral	60201	
Percutaneous/Coldburn	36625		Ruptured	44960		Total Thyroidectomy	60204	
UAC, Newborn, Diagnosis of Therapy	36650		Biopsy Anorectal Wall	45100		Excision Thyroglossal Duct Cyst	60206	
Arteriothoraphy, Suture of Major Artery Neck	36201		Anorectal Myectomy	45100		Renal Transplant	50090	
<b>HEMIC &amp; LYMPHATIC SYSTEMS</b>			Proctectomy (Morril, Soave, Duhamel Proc.)	45120		Renal, Transplanted Kidney	50070	
Splenectomy, Total	38100		Proctogastroscopy, Diagnostic	45300		Inversion Cannula/Diastole	36900	
Partial	38121		With Biopsy	45326		Open Renal Biopsy	50026	
Drain Lymph Node Abscess, Simple	38300		Colonoscopy, Diagnostic	45370		Tenckhoff Catheter, Permanent	49421	
Extensive	38305		Dilation of Anal Sphincter	45905		Nephrectomy	50225	
Biopsy/Excise Lymph Node	38500		Dilation of Rectal Sphincter	45910		Remove Tenckhoff	49422	
Deep, Cervical	38510		Removal of Focal Injections Foreign Body	45915		Thyroidectomy	375	
Excision Cystic Hygroma, Simple	38550		Proctostomy/Proctectomy	46200		Laparoscopy		
Complex	38555		Incision/Drain Perianal Abscess	46250		Sigmoid Catheter Placement	62300	
<b>MEDIASTINUM &amp; DIAPHRAGM</b>			Incision, Anal Septum (Infant)	46300		Sigmoid Pump Placement	62302	
Exc. Mediastinal Cyst	38200		Anoplasty, Revision Infant	46705				
Excision Mediastinal Tumor	38220		Repair Congenital Anorectal Fistula	46715				
Repair Diaphragmatic Hernia	38232		Abdominal & Perineal Approach	46725				
Necrotic	38233		Perineal Anoplasty - Primary (Penal)	46730				
Transfereotic	38220		Anoplasty with Repair of Urinary Fistula	46740				
Implication of Diaphragm for Eventration	38445		Sphincteroplasty, Anal	46750				
						Total Charges		