



# Restricted Purchases – Printing/Duplicating

Purchases for printing/duplicating materials are restricted purchases. In the event a job cannot be done at Printing/Duplicating, and payment will be by PCard or Direct Invoice, please follow the procedures below before work is started:

- Prevailing Wage Act section 1 signed by vendor.
- Request form section 2 filled out and signed by department fiscal officer.
- Fax completed form to Printing/Duplicating at 453-1643.
- Request will be faxed back to department with approval or non-approval. Keep record for fiscal officer, accountant or Pcard Manager.

— SECTION 1 —

## Prevailing Wage Act

*The University abides by state purchasing laws affecting prevailing wages and ink and paper requirements.*

Southern Illinois University requires compliance with the **Prevailing Wage Act**. By accepting a printing order from the university, vendor certifies that wages to be paid to its employees who are to produce the requested printing are no less, and fringe benefits and working conditions of employees are no less favorable than those prevailing in the locality where the printing order originated.

### EFFECTIVE IMMEDIATELY

In compliance with Section 20-105 of the State Procurement Act, all offset printed pieces of content paid for utilizing SIUC state funds will require the following statement:

**“Printed by the authority of the State of Illinois”, publication date, number of copies printed, and printing order number.**

In order to insure that SIUC is in compliance, the printer must provide one copy of the final printed piece to:  
SIUC Printing/Duplicating Service, Mail Code 6733, Southern Illinois University, 210 Physical Plant Drive, Carbondale, Illinois 62901.

### Soybean Ink

Unless otherwise indicated, any printing services provided must be made using soybean oil-based ink.

### Recycled Paper

Per article (30 ILCS 500/45-24) of the Illinois Purchasing Laws, State agencies are required to use recyclable paper whenever possible.

\_\_\_\_\_  
Vendor Signature

\_\_\_\_\_  
Date

(By signing the Vendor agrees to abide by the prevailing wage act stated above.)

— SECTION 2 —

## Request Form

Fax completed form to 453-1643 for approval. When approved form is signed and faxed back, maintain copy for your records.

Date \_\_\_\_\_ Quantity \_\_\_\_\_ Price \_\_\_\_\_ (Include written estimate from vendor with specs)

Job Name/Description \_\_\_\_\_

Vendor \_\_\_\_\_

Department \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ Method of Payment: \_\_\_ PCARD \_\_\_ Direct Invoice

Fiscal Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by Printing/Duplicating \_\_\_\_\_ Date \_\_\_\_\_

Reason (for use by Printing/Duplicating only) \_\_\_\_\_