

AUTHORIZATION TO TYPESET OR PRINT

JOB DESCRIPTION		FOAPAL NUMBER
DEPARTMENT OR OFFICE		DATE REQUESTED BY
CONTACT PERSON	PHONE	PLEASE NOTE: ANY JOB THAT IS NOT SCHEDULED WILL BE PUT IN A REGULAR JOB ROTATION - NO EXCEPTIONS
		DATE ENTERED



AUTHORIZED BY _____

DATE _____

BUSINESS CARD REQUEST FORM

NAME: _____

CERTIFICATION AND/OR DEGREE INITIALS(LIMIT 3): _____

TITLE OF POSITION (LIMIT 2): _____

DEPARTMENT OR OFFICE: _____

P.O. BOX: _____

OFFICE PHONE NUMBER (985) _____

OFFICE FAX NUMBER (985) _____

ADDITIONAL PHONE NUMBER (OPTIONAL) _____

E-MAIL ADDRESS: _____ @nicholls.edu

<p>Department or Office</p> <p>Name, Degree Initials</p> <p>Title</p> <p>Additional Title-Optional</p>	<p>NICHOLLS STATE UNIVERSITY</p> <p>P.O. Box 0000 Thibodaux, LA 70310</p> <p>985.000.0000 Fax: 000.0000 optional number: 000.0000 E-mail: first.lastname@nicholls.edu</p>
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PLEASE INDICATE QUANTITY:

250
 500
 1,000

COPIER JOBS

NUMBER OF ORIGINALS	NUMBER OF COPIES (MIN. 250 COPIES)
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8.5 X 11
 8.5 X 14
 11 X 17
 1 SIDED
 2 SIDED
 FOLDED
 3-HOLE PUNCH
 STAPLED
 PUNCH & BIND

PRESS JOBS

PLEASE INDICATE TYPE OF JOB:

- BROCHURE
- NEWSLETTER
- LETTERHEAD
- ENVELOPE - REGULAR
- ENVELOPE - WINDOW
- FLYER
- BOOKLET
- OTHER

PLEASE INDICATE TYPE OF BINDERY WORK IF APPLICABLE:

- SADDLE STITCH
- STAPLE
- PERFECT BINDING
- GBC BINDING
- PERFORATE
- SCORE
- FOLD
- PAD _____ SHEETS PER PAD

QUANTITY	COLOR(S)
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