UAB Printing - PH 934-3790 - Fax 934-3798 - printingservices@uab.edu

This order form is for <u>UAB Medicine only</u>.

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If you have a **PREVIOUSLY PRINTED SAMPLE**, and there are **NO CHANGES**, attach the sample along with the ordering information on page 2 of this document. If there are **ANY CHANGES**, note them on your sample and attach the revised sample along with the ordering information. If you are submitting a brand new order, you may use a previously printed envelope as a sample or fill out the information below. **Whether your order is new, has changes, or has no changes, please see page 2 of this document to fill out the ORDERING INFORMATION.** If you have questions, please call 934-3790.

☐ **UAB** MEDICINE

PHYSICAL ADDRESS:

_____
DEPARTMENT

_____
(DIVISION - OPTIONAL)

_____
(ROOM # AND OFFICIAL BUILDING NAME)

_____
(STREET ADDRESS OF ABOVE BUILDING -
include non-campus zip for INFORMAL cards)

MAILING ADDRESS:

_____
(BUILDING ABBREVIATION AND ROOM #)

☐ **UAB CAMPUS:**
   1720 2ND AVE S
   BIRMINGHAM AL 35294- __ __ __ __

☐ **UAB HOSPITAL** 4-digit zip required:
   619 19TH ST S
   BIRMINGHAM AL 35249- __ __ __ __

☐ **THE KIRKLIN CLINIC OF UAB HOSPITAL:**
   2000 6TH AVE S
   BIRMINGHAM AL 35233-0271

☐ **OFF CAMPUS:**
   _____

   _____

UAB MEDICINE

Department, Center, etc.
Division, Unit, etc.
BLDG 000 • Physical Address
1720 2nd Avenue South / 619 19th Street South
Birmingham AL 35294-0000 / 35249-0000

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If you are using an HSF account number, you must supply an HSF Internal Requisition. The HSF requisition must have the account number, object code, and the departmental authorized signature.
For Oracle account numbers, see page 2 of this request form.

REQUESTED BY _____ UAB EXT. / EMAIL _____

AUTHORIZED BY _____ UAB EXT. / EMAIL _____

DEPARTMENT _____

BUILDING _____ ROOM NUMBER _____ FAX # _____

DELIVER TO _____

NAME _____ UAB EXT. / EMAIL _____

BUILDING _____ ROOM NUMBER _____ FAX # _____

SEND PROOF TO _____

NAME _____ EMAIL _____

QUANTITY	GREEN LOGO	BLACK LOGO
	❏ 500	❏ 500
	❏ 1000	❏ 1000
OTHER QUANTITY	❏ _____	❏ _____

For Oracle account numbers, fill out the information below. For HSF account numbers, please attach an HSF Internal Requisition.

DEBIT (DECREASE) ACCOUNT
GL String   **Debit Amount (optional)**

GA String   **Debit Amount (optional)**

Please sign here and note the date to acknowledge delivery: RECEIVED BY *(please print legibly)*   DATE