

***This order form is for UAB Medicine only.***

If you need to order UAB University branded, please go to:  
<https://www.uab.edu/toolkit/uab-brand/templates/stationery-envelopes>

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 Monogram can be in *Green* or *Black***  
See page 2

**UAB MEDICINE**

**UAB HEALTH SYSTEM**

**UAB and CoA co-branding on UAB Medicine *ONLY***

**UAB MEDICINE**



**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:**

\_\_\_\_\_  
\_\_\_\_\_

**PHYSICAL ADDRESS:**

\_\_\_\_\_  
DEPARTMENT

\_\_\_\_\_  
(DIVISION - OPTIONAL)

\_\_\_\_\_  
(ROOM # AND OFFICIAL BUILDING NAME)

\_\_\_\_\_  
(STREET ADDRESS OF ABOVE BUILDING -

**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

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

# UAB MEDICINE Envelope - page 2

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

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, provide GL or GA string in space provided at bottom of page.

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 \_\_\_\_\_

<b>QUANTITY</b>	<b>GREEN LOGO</b>	<b>BLACK LOGO</b>
	<input type="checkbox"/> 500	<input type="checkbox"/> 500
	<input type="checkbox"/> 1000	<input type="checkbox"/> 1000
<b>OTHER QUANTITY</b>	<input type="checkbox"/> _____	<input type="checkbox"/> _____

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

**DEBIT (DECREASE) ACCOUNT**

<b>GL String</b>	<b>Debit Amount (optional)</b>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

<b>GA String</b>	<b>Debit Amount (optional)</b>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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