

## *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-letterhead>

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

**UAB HEALTH SYSTEM**

**UAB MEDICINE**



Children's  
of Alabama®

### PHYSICAL ADDRESS:

DEPARTMENT

DIVISION - OPTIONAL

ROOM # AND OFFICIAL BUILDING NAME

STREET ADDRESS OF ABOVE BUILDING

PHONE

FAX

### 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- \_\_\_\_

**UAB MEDICINE**

Dept, Unit, Center etc. | Mailing Address:  
Division, Unit, etc. | BLDG 000  
308 Physician's Office Building | 619 19TH ST S  
1224 14th Avenue South | BIRMINGHAM, AL 35249-0000  
205.000.0000  
Fax 205.000.0000

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

**OFF CAMPUS:**

# UAB MEDICINE Letterhead - 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>
_____	_____
_____	_____

<b>GA String</b>	<b>Debit Amount (optional)</b>
_____	_____
_____	_____

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

DATE