

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-memos>

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 someone else's memo 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 

<p>UAB MEDICINE</p> <p>Department Name, Degrees 205.000.0000 • Fax 205.000.0000 email@uabmc.edu</p>
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(NAME & TERMINAL DEGREE)

(DEPARTMENT - OPTIONAL)

(DIVISION - OPTIONAL)

(PHONE)

(FAX)

(CELL - OPTIONAL)

(E-MAIL - OPTIONAL)

(WEB ADDRESS - OPTIONAL)

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

UAB MEDICINE Memo - page 2

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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, 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 _____

QUANTITY	GREEN LOGO	BLACK LOGO	<input type="checkbox"/> Padded
	<input type="checkbox"/> 500	<input type="checkbox"/> 500	
	<input type="checkbox"/> 1000	<input type="checkbox"/> 1000	<input type="checkbox"/> Unpadded
OTHER QUANTITY	<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	
GL String	Debit Amount (optional)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
GA String	Debit Amount (optional)
<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 _____