

UAB Memo Pad Request Form - page 1 of 2

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 card 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.

PLEASE CHOOSE THE APPROPRIATE HEADING

☐ **UAB** THE UNIVERSITY OF
ALABAMA AT BIRMINGHAM

☐ **UAB** SCHOOL
OF . . . _____

☐ **UAB** MEDICINE

☐ **UAB** JOINT HEALTH
SCIENCES

☐ **UAB** CENTER
FOR. . . _____
Trustee Approved Centers

☐ **UAB** _____
CHOOSE FROM THE FOLLOWING: Graduate School, Education
Foundation, Research Foundation, Mervyn H. Sterne Library, Lister
Hill Library of the Health Sciences.

☐ PLEASE PRINT ATTACHED SAMPLE

If no sample is available, please fill out the following information.

Green ☐ or Black ☐ Logo

DEPARTMENT - OPTIONAL, IF NOT ALLOWED ABOVE

(DIVISION - OPTIONAL)

NAME & TERMINAL DEGREE

(PHONE • FAX)

(CELL - OPTIONAL)

(E-MAIL - OPTIONAL)

(WEB ADDRESS - OPTIONAL)

☐ **PADDED**
in pads of 100 sheets each

☐ **UNPADDED**

UAB THE UNIVERSITY OF
ALABAMA AT BIRMINGHAM

Office of the Provost
International Programs
Duleep C. Deosthale
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UAB MEDICINE

Hospital Administration
Deborah Grimes, RN, JD, CHC, CPHQ
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UAB SCHOOL OF
MEDICINE

Department of Obstetrics and Gynecology
UAB Obstetric Special Care (OBCC)
Tina Daniels
205.934.5392 • 205.934.7999
tinad@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, see page 2 of this request form.

ORDERING INFORMATION

REQUESTED BY		UAB EXT. / EMAIL
AUTHORIZED BY		UAB EXT. / EMAIL
DEPARTMENT		
BLDG.	RM. NO.	FAX #
DELIVER MERCHANDISE TO:		
NAME		UAB EXT. / EMAIL
BLDG.	RM. NO.	ZIP
SEND PROOF TO*:		
NAME		
EMAIL		

**A proof is required unless a previously printed sample is provided with NO changes.*

Quantity:	Green Logo <input type="checkbox"/> 500 <input type="checkbox"/> 1,000 <input type="checkbox"/> 1,500 <input type="checkbox"/> 2,000 <input type="checkbox"/> 2,500	Black Logo <input type="checkbox"/> 500 <input type="checkbox"/> 1,000 <input type="checkbox"/> 1,500 <input type="checkbox"/> 2,000 <input type="checkbox"/> 2,500
Other quantity:	<input type="text"/> multiples of 500	<input type="text"/> multiples of 500

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)

	%
	%
	%
	%

Thank you!