



## District Reprographics Business Card Request Form

Standard formatting applies to business cards. Please show the exact spelling and punctuation for your business cards

Name \_\_\_\_\_

Official Job Title \_\_\_\_\_

Department Name \_\_\_\_\_

Department Site Name \_\_\_\_\_

Department Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**\*\*Enter phone and fax number using only numbers.\*\***

Other Phone Number (Optional) \_\_\_\_\_

E-Mail \_\_\_\_\_ @sdccd.edu

Quantity desired      250 Cards \$15.00       500 Cards \$20.00       1000 Cards \$30.00

I certify that this is the official District Title for the above named employee.

Authorization by \_\_\_\_\_ Title \_\_\_\_\_

V.P of Administrative Services or Vice Chancellor of Division

Budget Number to be charged \_\_\_\_\_ Ship finished cards to \_\_\_\_\_