

1. Please complete the attached Business Card Order form. Be sure to include the quantity of cards desired, the campus that you are located on, and your personal information (name, title, phone & fax numbers, and your email address. **Please be sure to use the “dot” form for your email – jane.doe@sunyorange.edu.** ***Be sure to include your budget code information, and have your Chairperson, Director, or Vice President sign the form.***
2. Then, complete the attached purchase requisition form. If you are ordering multiple sets of cards for employees in your department, please enter the last name of card recipients on separate lines (see below). You may use a single purchase requisition form to order up to 5 sets of cards.
3. Once the two forms are complete, please forward them to Beverly Byrne (beverly.byrne@sunyorange.edu) in the Communications Office. The orders will be reviewed to ensure that they meet the College’s branding standards. After review, the order will be forwarded to the Business Office for processing.

[illegible]

ORANGE COUNTY COMMUNITY COLLEGE
Middletown, NY 10940

Institutional Advancement Office

BUSINESS CARD ORDER FORM

Printing requirements dictate a three line copy limit. Please type or print your Name, Title and Department, Phone Number, Fax Number and e-mail address as you want it to appear on your business card. Fax number should appear on all business card orders. You must have your Chairperson or Vice President signature and appropriate budget number on this form.

Please return the completed for to Beverly Byrne, Communications Office. This form must accompany any official order for business cards. There is a minimum order of 250 cards per individual. The cost (subject to change) is as follows:

Select one: One-sided cards ☐ \$42.23 for 250 ☐ \$44.97 for 500 ☐ \$53.74 for 1,000
Two-sided cards ☐ \$80.07 for 250 ☐ \$91.03 for 500 ☐ \$118.45 for 1,000

TO ENSURE ACCURACY, ALL INFORMATION MUST BE TYPED

B →		Mike Albright Executive Director of Communications	← A
	SUNY Orange 115 South Street, Middletown, NY 10940 Tel. (845) 341-4728 Fax: (845) 341-4730 mike.albright@sunyorange.edu www.sunyorange.edu		

Copy A: (Name) _____

Max. 2 Lines of Copy { (Title or Department) _____
Max. 40 Characters per line { _____

Copy B: **Middletown Campus** **Newburgh Campus**
115 South Street, Middletown, NY 10940 One Washington Center, Newburgh, NY 12550

Phone Number: (845) _____

Fax Number: (845) _____

Email: _____@sunyorange.edu

(note: email address should use the first.last@sunyorange.edu address form)

Second Side of Card (optional) to read: Appointment

Yes _____ No _____

Date

Time

Dept. Chair or Vice President's Signature _____

Budget Number and Amount to be Charged _____ \$ _____

Date Requested _____

Purchase Requisition

Note: This is not a purchase order. Do not send this form to any vendor.