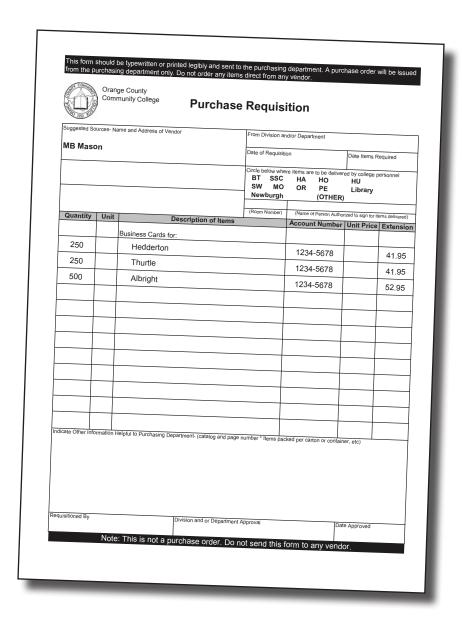


- 1. Please complete the attached Business Card Order form. Be sure to include the quantity of cards desired, the campus that you are located on, and your personal information (name, title, phone & fax numbers, and your email address. Please be sure to use the "dot" form for your email jane.doe@sunyorange.edu. 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.



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 Offi	ce. This forn	n must accom	pany any	y official order
for business cards. There is a minimum	order of 250 cards per individ	ual. The cost	t (subject to cl	hange) is	s as follows:

Two-side		\$80.07 for 250	=	= '
TO ENSURE	ACCUR	RACY, ALL INFO	DRMATION MUS	T BE TYPED
		Orange th Street, Middletown, N		← A
В	mike.albi) 341-4728 Fax: (845) right@sunyorange.edu nyorange.edu	341-4/30	
Copy A: (Na	me)			
Max. 2 Lines of Copy Max. 40 Characters per line	e or Depar ———	tment)		
	Middletown Ca 15 South Street	ampus , Middletown, NY 10940	Newburgh Campu One Washington Ce	s nter, Newburgh, NY 12550
Pho	ne Number	: <u>(</u> 845)		
Fax	Number:	(845)		
Ema				sunyorange.edu
	(note: em	ail address should use the first.	.last@sunyorange.edu address fo	rm)
Second Side	of Card	(optional) to re	ead: Appointmen	t
Yes	No		Date	
			Time	
Dept. Chair or Vice	e President'	s Signature		
Budget Number an	d Amount t	o be Charged		\$

This form should be typewritten or printed legibly and sent to the purchasing department. A purchase order will be issued from the purchasing department only. Do not order any items direct from any vendor.



Purchase Requisition

Suggested Sources- Name and Address of Vendor		From Division and/or Department							
WB Maso	n			Date of	Requisitio	ion Date Items Required		quired	
				BT SW	elow wher SSC MO burgh	e items are HA OR	to be delivere HO PE (OTHER)	L ed by college pe HU Library	ersonnel
				(Room	Number)			ized to sign for ite	
Quantity	Unit	Des	cription of Items			Accoun	t Number	Unit Price	Extension
		Business Cards for:							
Indicate Other I	nformatio	n Helpful to Purchasing Dep	partment- (catalog and pag	ge numbe	er * Items	packed per o	carton or con	tainer, etc)	
Dogwieities - 1.5	· · ·		Division and as Dans de	ont A	v rol			Data Arran	J
Requisitioned E	sy		Division and or Departme	ent Appro	ovai			Date Approved	נ
	Ν	ote: This is not a p	urchase order. De	o not s	send th	is form	to any ve	ndor.	