

District Reprographics Business

Card Request Form

SAN DIEGO MIRAMAR CAMPUS VERSION



**SAN DIEGO
COMMUNITY COLLEGE
DISTRICT**

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

Legal Name

Quantity

250 cards (\$15)

Preferred Name*

500 cards (\$20)

1000 cards (\$30)

Official Job Title

Budget number to be charged

4009

Department Name

Fund	Dept	Product	Account
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Department Site Name

Ship finished cards to (Bldg/Room #)

Department Address

I certify that this is the official District title for the employee listed on the form.

Phone Number

Fax Number

Department Approval

Date

Authorization by

Other Phone Number (optional)

V.P. of Administrative Services

Email

@sdccd.edu

*** Approval of Preferred Name Use:** Preferred names which are different than legal name i.e. "Bill" for William would not need Cabinet member approval.

Pronouns (optional):

she, her, hers

he, him, his

they, them, theirs

Cabinet Member