

Please Type Or Print Using Block Letters in Black Ink

NAME & TITLE (as required)		Qty.
1		
2		
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7		

DATE: _____ CONTACT: _____

DEPARTMENT: _____

Please Check One: Pick Up Delivery

ADDRESS: _____

_____ POSTAL CODE: _____

BUILDING: _____ ROOM: _____

PHONE: _____ FAX: _____

EMAIL: _____

JOURNAL VOUCHER #	Speedchart	ACCOUNT	FUND
J			
DEPT. ID	PROJECT / GRANT	Program ID (optional)	

OR

To purchase with a credit card or UBC purchase card, please fill out the form and bring a copy to the bookstore, where we can complete the order.

UBC BOOKSTORE USE ONLY

PLEASE INDICATE

Size: _____

Background Colour: _____

Letter Colour: _____

Holder: Desk _____ Door _____

Holder Colour: Rose Gold _____ Bright Silver _____

Adhesive: Yes _____ No _____

All Capitalized: Yes _____ No _____

Bevelled Edges: Yes _____ No _____

AUGUST 2013

PLEASE ENSURE SPELLING IS CORRECT! NO PROOF WILL BE ISSUED.