

VCU Stationery order form

V i r g i n i a C o m m o n w e a l t h U n i v e r s i t y

Customer information (Please e-mail stationery@vcu.edu or call 827-1480 to confirm receipt of your order form.)

Name: _____ Date submitted: _____
Department: _____ Date received: _____
Phone: _____ Fax: _____
E-mail: _____ P.O. Box: _____

Bill type _____

- INDEX _____ PO Box _____
 Lawson Hospital _____ MCV-P _____
 Other _____

I am hereby authorized to charge materials for reproduction to the cost center stated and further affirm that appropriate copyright authorization has been received as required by law.

Signature: _____

Quantity: _____

Ship to:

Attention: _____ Building: _____ Room: _____
Street address: _____
City: _____ State: _____ ZIP code: _____

Typeset fee: _____

Fill in all information unless denoted optional. TDD is required.

Stationery type

- | | |
|---|---|
| <input type="checkbox"/> Business card | <input type="checkbox"/> Letterhead |
| <input type="checkbox"/> 1-sided | <input type="checkbox"/> Electronic |
| <input type="checkbox"/> 2-sided | <input type="checkbox"/> Mailing labels |
| <input type="checkbox"/> Appointment card | <input type="checkbox"/> Note card |
| <input type="checkbox"/> Envelope | <input type="checkbox"/> Note pad |
| <input type="checkbox"/> #9 | <input type="checkbox"/> 4.25" x 5.5" |
| <input type="checkbox"/> #9 with window | <input type="checkbox"/> 5.5" x 8.5" |
| <input type="checkbox"/> #10 | <input type="checkbox"/> 8.5" x 11" |
| <input type="checkbox"/> #10 with window | <input type="checkbox"/> 8.5" x 14" |
| <input type="checkbox"/> 9"x12" | |
| <input type="checkbox"/> 10"x13" | |



- Economy (black only)
- Standard black and gold black only
- Premium black and gold black only
 white natural (Choose ONLY one)

If reprint, please attach printed sample.

For exceptions to graphic standards, please contact VCU Creative Services:
(804) 827-1480 • Fax: (804) 828-8172 • stationery@vcu.edu

- Deviation from standard template
 Approval of Creative Services

Imprint information

School/Division name: _____
Office/Department: _____
Building/Room #: _____
Location: _____
Street address: _____
P.O. Box: _____
City, State ZIP: _____
Phone: _____
Fax: _____
TDD: _____
VCU E-mail: _____
Web: _____

Personalization information (optional)

for letterhead and appointment card

Name 1: _____	Name 9: _____
Title 1: _____	Title 9: _____
Name 2: _____	Name 10: _____
Title 2: _____	Title 10: _____
Name 3: _____	Name 11: _____
Title 3: _____	Title 11: _____
Name 4: _____	Name 12: _____
Title 4: _____	Title 12: _____
Name 5: _____	Name 13: _____
Title 5: _____	Title 13: _____
Name 6: _____	Name 14: _____
Title 6: _____	Title 14: _____
Name 7: _____	Name 15: _____
Title 7: _____	Title 15: _____
Name 8: _____	
Title 8: _____	