## District Reprographics Business Card Request Form



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 charg	ed	
Department Name		Ship finished cards to		
Department Site Name		I certify that this is the offic	ial District title for the	
Department Address		employee listed on the forn	1.	
		Signature	Date	
Phone Number Fax Number ———		Authorization by:		
Other Phone Number (optional)		V.P of Administrative Service	s/Appropriate Manager	
Email	@sdccd.edu	т		
		Approval of Preferred Nam name i.e. "Bill" for William would not need Cabine	<b>e Use:</b> Preferred names which are different than legal et member approval	
Pronouns (optional) she, her, hers he, him, his	they, them, theirs	Cabinet Member		