Business Card Request

Please use one form for each request.

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

Name_______________________________________________________________________________________________________________

Official Job Title ________________________________________________________________________________________________

* Working Job Title Preferred _______________________________________________________________________________________

Department Name __________________________________________________________________________________________________

Site Name and Address: ______________________________________________________________________________________________

Phone Number (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___ FAX (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

Other Phone Number (OPTIONAL) (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

E mail ___ ___ ___ ___ ___ ___ ___ ___ ___ @sdccd.edu

Quantity desired: 250 Cards $15.00 □ 500 Cards $20.00 □ 1,000 Cards $30.00 □

Budget Number to be charged _________________________________________________________________

Manager/Dean Approval ____________________________________________________________ Date ________________________

Vice President Approval ____________________________________________________________ Date ________________________

☐ I certify that this is the official District Title for the above named employee

Authorization by __________________________________________Title____________________________

Site VP of Administrative Services is responsible for the correct job title that will be printed on each business card

Ship finished cards to _____________________________________________ Use of working job title must be authorized by college President

* Use of working job title must be authorized by college President

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