

# University Advertising Request Form

Advertising Request #:

173 Administration Building, Campus Zip: 1751  
Phone: 2-6434, Fax 2-9362

<b>Dept. Name:</b>	<b>Date:</b>
<b>Dept. Contact:</b>	<b>Campus Zip:</b>
<b>Account # to bill:</b>	
<b>Authorized account signature:</b>	

<b>SUBJECT:</b>
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<b>PUBLICATION NAME</b>	<b>Ad size</b>	<b>Issue date if known</b>
A)		
B)		
C)		
D)		
E)		
F))		
G)		

*For additional publications, use separate piece of paper*

**Office Use Only – do not write below this line**

<b>University Advertising:</b>			
Account # to be credited:		Object Code:	Date:
Journal Transfer #:		Service Unit Approval:	
Net: \$	+ (6.39%) \$	= FINAL CLIENT PRICE: \$	

<b>Research Services:</b>	Grant Coordinator:	Date:	Grant Termination Date: