



Poster/Flyer Printing Request Form

Name: _____ Order date: _____
 Department: _____ Date Needed: _____
 Phone Number: _____ Email: _____

Poster Fees:

Flyer (8.5x11): \$5 for 25 flyers	Quantity Requested: _____	Total Price: _____
Small Poster (18x24):\$10	Quantity Requested: _____	Total Price: _____
Large Poster (24x36): \$15	Quantity Requested: _____	Total Price: _____

Lamination Fees:

A \$5 lamination fee will be applied for most services.

Flyer (8.5x11): \$2 per flyer	Quantity Requested: _____	Total Price: _____
Small Poster (18x24):\$15	Quantity Requested: _____	Total Price: _____
Large Poster (24x36): \$20	Quantity Requested: _____	Total Price: _____

Grand Total:

ASGC will not be responsible for the content or design of the original document. Document to be printed can either be emailed to rshook@gavilan.edu as a PDF or as a printed 8.5 x 11 document.

Allow at least one week for your printing request to be processed.

OFFICE USE ONLY

Payment Method: (Circle one)

Requisition Approved and PO number:
 Use vendor G00212180 Expense Account 5150

For: Cash _____ Check/Credit Card _____
Business Office Signature verifying payment to the following organization number: 999947-5150

 Signature

 Date