



Job Number

BUSINESS CARD ORDER FORM

Scan & email your signed form to colorcopyrequest@gwc.cccd.edu or deliver your form to Graphics, located in Cosmetology 118		Time Stamp	
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First Name	Last Name	Division/Department	E-Mail	Phone Number
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Bill to Copy Card #	Signature of Approving Supervisor/Administrator*
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Faculty and Staff, You may order your business cards in quantities of 250, 500 and 1000, charged to your department/division copy card. Your supervisor's approval is required. The cost is as follows: **250 - \$10 500 - \$15 1000 - \$25**

Quantity Selected: <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 1000	Select Style: <input type="checkbox"/> Surfboard Logo <input type="checkbox"/> College Seal Logo
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Instructions:

TYPE your name, title, department, office number, e-mail address as you wish them to appear within the approved format.

Please download and fill in this form using Adobe Acrobat. No handwriting or printing on this form will be accepted.

	Your Name
	Title (optional) Department
	(714) 892-7711 x55000 yourname@gwc.cccd.edu 15744 Goldenwest Street Huntington Beach, CA 92647-3103

	Your Name
	Title (optional) Department
	(714) 892-7711 x55000 yourname@gwc.cccd.edu 15744 Goldenwest Street Huntington Beach, CA 92647-3103

Name

Title**

Department
*** (714) _____ x _____

GWC or CCCD Email Address

***Signature approves charge to Copy Card and confirms accuracy of information being printed on cards.**

****If you include your title, it must be your official District job title.**

***** Cell phone #'s and other personal information are not allowed.**

Please be aware that we have institutional priorities that may result in the delay of your order. We apologize for any inconvenience and appreciate your understanding.

Office use only		
Date Received in CSS: _____	By CSS employee: _____	
Operator Initial: _____	Date: _____	Total Cost \$ _____