

Stationery Order Form

AUXILIARY ENTERPRISES - Campus Technology & Supply Store

Date Requested: _____

Date Needed: _____ Day: _____ Time: _____

Contact Name: _____

Department: _____

Address / Bldg / Rm #: _____

Phone #: _____

Email Address: _____

Speedtype #: _____

Business Manager or
Authorized Signature: _____



1901 Perdido / MEB • 2nd Floor • Room 2200
New Orleans, Louisiana 70112
phone (504) 568-2565 • fax (504) 568-4598
aegraphics@lsuhsc.edu • www.lsuhs.edu/administration/ae/dp.aspx

DELIVERY INFORMATION

- Customer will pick up
- Contact Info
- Stationery Info
- Other - specify directly below

Name: _____

Address: _____

Bldg/Rm #: _____

Phone #: _____

LETTERHEAD

Letterhead: None 500 1000 1500 2000 > 2000: _____

2nd Sheets None 500 1000 1500 2000 > 2000: _____

Printed footer Blank

ENVELOPES

Standard Envelopes: None 500 1000 1500 2000 > 2000: _____

#10 Business #10 Window #10 Security

#10 Self Sticking #9 Business Reply #9 Window #9 Security

Larger Envelopes: None 500 1000 1500 2000 > 2000: _____

Kraft* White**

7.5" x 10.5" 9.5" x 12.5" 10" x 13" Other: _____

With Clasp W/O Clasp Self Sticking

*Black ink unless otherwise specified
**Clasp not available for White

INFORMATION

LSU Health New Orleans

Fill in applicable fields

School of: _____

Administrative Office: _____

Department of: _____

Office of: _____

Section of: _____

Address: _____

Office Phone #: _____

Fax #: _____

Web Address: _____

Special Instructions: _____

Sample Attached

Printed

Electronic letterhead template

Layout follows the LSU Health New Orleans graphics standards format. The size, font or layout CANNOT be changed. If you have any questions about the format, please contact AE Campus Technology & Supply Store at (504) 568-2565 or aegraphics@lsuhsc.edu.

Special Instructions:

PROOF: (Check One)

Exact Reprint. No proof necessary.

Email: _____