

MUC MARKETING

ACCOUNT WORK ORDER FORM

BASIC INFO

Name: _____

Email: _____

Department: _____

Today's Date: _____

Needed By: _____

Account Name: _____

Account Number: 7 - _____

Fiscal Officer Name: _____

Fiscal Officer Signature: _____

PROJECT DESCRIPTION

Please describe the project you need completed. This includes **paper size**, **paper type** and **amount**. Existing designs can be emailed to ahinder@siue.edu for printing. Graphics are preferred to be PDF files, but JPEG and PNG will work well if they are at least 300dpi. Please be specific to ensure high quality products. If you need a design made, design time is \$20/hour.

MASS TEXT

Cost is **\$25 per text**. Texts have a 160 character maximum.

(SIUE AFFILIATES ONLY)

Email your message / artwork to ahinder@siue.edu or write your message below:

Preferred Date _____ Alternative Date _____

PRICING

PAYMENT METHOD

Account Credit Cash Check

TOTAL PRICE

(Pricing breakdown on back)

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JOB NUMBER:
