

THE OFFICE OF COMMUNICATIONS JOB REQUEST FORM

MP NUMBER _____

Project Title _____
Date _____
Name _____
Department _____
Telephone _____
Email _____

PREFERRED METHOD OF CONTACT _____

Billing Contact _____

Telephone _____

Email _____

PROJECT INSTRUCTIONS

POSTER

Final print size _____

Tube Velcro Pushpins

For less than 48 hr. turnaround

PRIORITY 50% Added

Billing information is required to begin work on your job

✓ CHOOSE ONE BILLING OPTION

UT CHARTFIELD NUMBER

★ ★ ★ ★ ★ 6 7 2 5 3 ★
Oper. unit Department ID Fund Project Program Account Class

OR

CREDIT CARD NUMBER

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Exp. Date

Check if UT Buycard

Signature _____

OR

DIRECT BILLING (NON UT)

Company _____ Attn: _____

Address _____ City _____ State _____ Zip _____

Submit by Email

Print Form

If you are using Acrobat Reader 8, or experiencing difficulties emailing this form please fill out, print, and fax to: 713-500-5533

FOR OFFICE OF COMMUNICATIONS USE ONLY

Assigned to: _____

Date Completed _____ Completed by _____



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