Stony Brook University

REQUISITION
Letterhead, Envelopes, Memo Pads, and Folders
All information must be filled out in order to process order. Please do not write in shaded areas.

BILLING

Department/Office:

Account #:

Type of Account:
☐ State ☐ RF ☐ SBF ☐ CPMP ☐ Other _____

Ordered By:

Authorized Signature:

Date:

Email Address:

Job #:

Date to Printer:

CONTACT
(In case we have a question)

Name:

Phone:

Email Address:

Fax:

STYLE
(Check appropriate box. All University and Medicine materials will be printed red and black or black only. All others will be as specified.)

☐ Stony Brook University

☐ Stony Brook Medicine

☐ Stony Brook Medicine University Physicians

Color: ☐ Black ☐ Red and Black

☐ Children's Hospital

☐ Other **(Specify which card or provide sample and colors)**

_____

_____

ORDER
(Please use separate order form for each item)

☐ **Letterhead** Mohawk 100% recycled	**Quantity:** 500 minimum	**Size:** 8.5 x 11	**Sample Attached:** ☐ Yes ☐ No *If "No", provide information on "Additional Information" below*
☐ **Envelopes** Mohawk 100% recycled	**Quantity:** 500 Minimum	**Sample Attached:** ☐ Yes ☐ No *If "No", provide information on "Additional Information" below*	
	Type: ☐ #10 Standard ☐ #10 Window ☐ #9 Remittance		
☐ **Memo Pads** Mohawk 100% recycled	**Quantity:** 10 Pad minimum	**Size:** ☐ 4.25 x 5.5 ☐ 5.5 x 8.5	**Sample Attached:** ☐ Yes ☐ No *If "No", provide information on "Additional Information" below*
☐ **Folders**	**Quantity:** 100 minimum	**Size:** ☐ Standard 9 x 12 ☐ Expandable 9 x 12	☐ Stony Brook University ☐ Children's Hospital ☐ Stony Brook Medicine

ADDITIONAL INFORMATION
(Attach separate sheet if more room is needed)

PLACE YOUR ORDER

By Email: sborders@pugsprint.com Please attach sample .pdf or word document	By Fax: 631- 753- 3753 Please send sample with fax	By Mail: Fantastic Graphics, Inc., 101 Verdi St., Farmingdale, NY 11735	Have Questions? Call us at 631- 753- 4144

DELIVERY
(Note: Don't forget to keep a copy for your records)

Building/Level/Room:

No. of Boxes:

Received By:

Date Received:

························· **DO NOT FILL OUT BELOW** ·························

SB _____ PO _____

Contents: _____ Quantity: _____

Dept: _____

Address: _____

Req# _____ Box _____ of _____

Fantastic Graphics, Inc., 101 Verdi Street, Farmingdale, NY 11735 (631) 753-4144

SB _____ PO _____

Contents: _____ Quantity: _____

Dept: _____

Address: _____

Req# _____ Box _____ of _____

Fantastic Graphics, Inc., 101 Verdi Street, Farmingdale, NY 11735 (631) 753-4144