



Digital Imaging Facility

College of Biological Science

Poster Printing Authorization Form

Date: _____

Requestor Name: _____ Lab Name: _____ Ext: _____

*Authorized signature only: _____ Print name: _____

* I authorize the CBS Digital Imaging Facility & CBS Clerical Unit to bill this fund for this work as presented with a base price variance of \$25

Trust Fund Number -

(Provide full coding only)

_____ Fund _____ Department/Unit _____ Grant Number _____ Project Number _____ Object Number

Quantity Width (inches) Height (inches) Media type & Price: Amount:

Cost estimate: _____

THIS FORM MUST BE COMPLETED IN FULL BEFORE ANY WORK WILL BE DONE
The facility is located in Room 2309 in the Science Complex,
Contact: Ian Smith at extension 56192 or ismith@uoguelph.ca