



**COLLEGE of
BIOLOGICAL SCIENCE**

DIGITAL IMAGING FACILITY

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:
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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