

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: _____

** Foamcore maximum size is 31 x 39 inches

*** Please note that any poster whose width and height are both greater than 36 inches can only be printed on Photosatin paper

THIS FORM MUST BE COMPLETED IN FULL BEFORE ANY WORK WILL BE DONE

The facility is located in Room 2309 in the Summerlee Science Complex,
Contact: Ian Smith at extension 56192 or ismith@uoguelph.ca