

BME Poster Printer Request Form

Date of Request:



CONTACT INFORMATION:

Name: _____ Title _____

Email: _____

Phone Number: _____

Supervisor Signature of
Approval: _____



SERVICE REQUIREMENT:

Poster: White background w/color pictures & OSU Logo
 Color Poster w/ OSU Logo
 Poster Tube (\$3.00)

Requested Date of Completion: _____

Special Instructions: _____

Funding Source: Fund #
(Required)

Project or Program # (Required)



TO BE COMPLETED BY BME FISCAL OFFICE

Expense Transfer completed
on: _____

Journal

Completed
By: _____

Order Completed By: _____

Date: _____

Send powerpoint (*.PPT) or Acrobat (*.PDF) files formats to <https://osu.box.com/s/88xcc4i4spe93qao4gi881h8ws9e3vre> AND to jones.182@osu.edu printing.

Thank you: Your request will be processed in the order it was received.