



PURCHASING- BUSINESS CARD ORDER FORM

This copy will be used in the production of your project, so please carefully proofread your entry! Please send the completed form to **purchasing@scu.edu**. For questions contact Purchasing at 408-554-4364. Please allow one-week delivery time from Monday order placement.



Vertical Layout



Horizontal Layout

Information to Print on Card:

Name: _____

Title or Department: _____

Department (optional): _____

500 El Camino Real
 Santa Clara, California 95053- _____ (4-digit ZIP extension)

Phone: _____ Ext: _____ Fax: _____

E-mail and/or Web Address (Optional): _____
 (E-mail: all lower case, Web: case-sensitive)

Additional Line (optional): _____

Additional Line (optional): _____

Order Information:

Quantity 250 500 1000

Spend Category*	Cost Center*	Grant or Project	Fund*	Activity	Class	Addl. Worktags
SC0077						

Requestor Authorization:

 Signature

 Phone #.

 Date