

# SERVICE REQUEST



Name	Dept. Phone	Final Due Date Requested
Department	Cell Phone	

**Billing Address** (if paying by cash or check)

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Work Description**

**Posters**

Platform:  PC  Mac

Poster Dimensions: \_\_\_\_\_

Please note:  
 There is no standard size.  
 Turn-around time is between 2-3 days.  
 Paper widths are 36" (91 cm) and 42" (107 cm).  
 The hi-res University logo is available at brand.uhc.edu.

**FOR MMS USE ONLY**

Date in: \_\_\_\_\_ Date out: \_\_\_\_\_

Quantity	Code	Price
Subtotal		
Tax		
Total		

**Authorized Signature**

X \_\_\_\_\_

**Foapal Coding**

Fund: \_\_\_\_\_

Org: \_\_\_\_\_

Acct: 70003 (Art) 72546 (Video)

Prog: \_\_\_\_\_

**Special Notes**

Instructions for purchaser

1. Please return duplicate with remittance made payable to:  
 UConn Health  
 Multimedia Services MC-2910  
 263 Farmington Avenue, Farmington, CT 06030-2910  
 (FEIN#: 521725543)

2. On the DUPLICATE, enter the amount remitted here: \$ \_\_\_\_\_

Do not write in this space