

Printing Services

## **REQUISITION FOR LSU MEMO PADS**

3555 River Road – Printing Office

Phone: 225-578-2017 • Fax: 225-578-2807

Inst	rıı	cti	C	ทร

Instructions: 1. Please type or print all in	nformation and fill in each t	ail: printing@lsu.edu • www.lsu.edu/pas			
School of, etc.).	please complete all the info nt of your selection.	ormation below. Who	ere there is a check box, please	Job Number	
Contact Name Department Name			Incoming Date		
Day Phone Budget Code/Cash			Pick up or Deliver		
Cell/Evening Phone		Authorization Name	for use of Budget Code	Delivery Address	
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Your LSU Mer	no Information	): 			
Parent Signature: [see list provided]					
Department:					
	PARENT SIGNATURE (see list)		PARENT SIGNATURE (see list)	1	
Memo Quarter Sheet 4.25 x 5.5 in.			To:	Date:	Memo Half Sheet 5.5 x 8.5 in.
			For your distribution For your disposition For your recommendation For your information For your fines		