



College of Nursing Business Cards Order Form

Name: _____

Title: _____

Credentials: _____

Email Address: _____

UK Address and Phone Number

Address: _____

City: _____ State: _____ Zip Code: _____

UK Phone No: _____

UK Fax No: (859) 323-1057

Additional Contact Numbers

Cellular Phone No: _____

Home Phone No: _____

Account Information

Account Number: _____

G/L: 531201 - Printing

Statistical Order: _____

Standard Order of 500 business cards is: _____

Budget Authority Approval: _____

Business Office Approval: _____