Business Card Order Form - MUST BE SUBMITTED TO HR FOR APPROVAL

		Date:
Community College of Philadelphia 1700 Spring Garden Street Philadelphia, PA 19130-3991 215.751.8000 www.ccp.edu 1. Name 2. Title 3. Department or Program	Name Credentials (if more than Title Dept. or Program (option: Room 000.000.0000 fax 000.0000 email@ccp.edu	 Please fill in the blanks below with the information that you want to appear on your card PLEASE PRINT CLEARLY OR TYPE EXACTLY WHAT YOU WANT TO APPEAR ON THE CARD If ordering "Corporate Solutions" cards, please do not include "Corporate Solutions" under "Department." Use the sample card at LEFT to see how the card will be printed. Be sure to indicate the QUANTITY of your order Credentials that do not fit on the same line as "Name" will be put on a second line below
*Optional. You may not want to 4. Room 5. Phone number	include Department or Progr	ram if it is a repeat of your title.
6. Fax number 7. E-mail Quantity 250 500	1000	New Reorder quests received after those dates are held until the following month. Delivery by
vendor is approximately 10 business		n College's Purchasing department.)
Department Name Department Phone Print Name & Title of Department Head		Department Charge Number Department Head Signature
HUMAN RESOURCES De	partment Use Only approver of business card	s. Please forward this form to Human Resources attention Lisa ources will forward to the Business Services for processing.
Human Resources AVP/Director Approval		Date
Print Name & Title		