



**Poster/Flyer Printing Request Form**

**Name:** \_\_\_\_\_ **Order date:** \_\_\_\_\_  
**Department:** \_\_\_\_\_ **Date Needed:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Poster Fees:**

- |  |                     |              |
|--|---------------------|--------------|
| <input type="checkbox"/> Flyer (8.5x11): \$5 for 25 flyers | Quantity Requested: | Total Price: |
| <input type="checkbox"/> Small Poster (18x24):\$10         | Quantity Requested: | Total Price: |
| <input type="checkbox"/> Large Poster (24x36): \$15        | Quantity Requested: | Total Price: |

**Lamination Fees:**

A \$5 lamination fee will be applied for most services.

- |  |                     |              |
|--|---------------------|--------------|
| <input type="checkbox"/> Flyer (8.5x11): \$2 per flyer | Quantity Requested: | Total Price: |
| <input type="checkbox"/> Small Poster (18x24):\$15     | Quantity Requested: | Total Price: |
| <input type="checkbox"/> Large Poster (24x36): \$20    | Quantity Requested: | Total Price: |

**Grand Total:**

**ASGC will not be responsible for the content or design of the original document. Document to be printed can either be emailed to [rshook@gavilan.edu](mailto:rshook@gavilan.edu) as a PDF or as a printed 8.5 x 11 document.**

**Allow at least one week for your printing request to be processed.**

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**OFFICE USE ONLY**

**Payment Method: (Circle one)**

Requisition Approved and PO number:  
 Use vendor G00212180 Expense Account 5150

For: Cash Check/Credit Card

**Business Office Signature verifying payment to the following organization number: 999947-5150**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**