

San Diego Miramar College
Business Card Request Form

Standard formatting applies to all business cards. Please show the exact spelling and punctuation for the business card. Please print clearly.

Employee Name: _____

Official Job Title: _____
(Cannot use working title. Must use job classification title, i.e. Associate Professor, Clerical Assistant)

Department Name: _____

Campus Name: San Diego Miramar College
Campus Address: 10440 Black Mountain Road
San Diego, CA 92126-2999

Phone Number: (619) - _____ FAX Number: (619) - _____

Other Phone Number: () - _____
(Optional)

Email Address: _____ @ sdccd.edu

(Optional: Attach recent business card.)

Quantity Desired: 250 Cards \$15.00 500 Cards \$20.00 1,000 Cards \$30.00

Budget Number to be charged: _____ 4009
(Fund) (Dept) (Product) (Account)

Ship finished cards to: _____
(Bldg/Room Number)

Department Approval(s): _____ (Date) _____ (Date)

After department approvals, forward to the Business Office, N101.

I certify that this is the official District Title for the above named employee.

Authorization By: _____ (Date)
Vice President of Administrative Services

To District Repro: _____ (Date)