

COPY CENTER REQUISITION

| TO BE COMPLETED BY CLIENT Date sent | Title of | job | | | |
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| Dale sem | Numbe | er of copies | | Number of origin (count all sides to be | |
| Completion date requested | | ment | Charge to | account number Phone | |
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| Deliver to I will pic | (name of | | | | Phoneone |
| | | Signature | | Date | |
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| ☐ Staple | C C | | er color | | nole punched paper |
| BINDERY | ı | Slip Sheet | | | R |
| © E | e Bind I Blue Black size | Comb Bind Blue Black | Coil Bind Blue Black Fold size (select one) | single letter far | Cover stock Cover color: anfold double parallel fold |
| Special Instruction | | - | | | |
| | | | | | |
| Below section is to be | e completed by | Copy Center Staff Only | | | |
| Date Received | | Date entered | | | Copier: |
| Date Completed / Ope | erator | Date Sent Mail Services | Physical Plant | Hand Delivered Fulfillment | Covers: Total: |



JOB NUMBER FOR OFFICE OF PUBLICATIONS USE

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PUBLICATIONS REQUISITION

(Please supply one form for each printed piece.)

| THIS S | ECTION | TO BE | COMPLETED | BY CLIENT |
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| SUBMISSION DATE TI | TLE OF JOB | | | | | | |
| | New Job (includes jobs with minor copy of | ppy changes) 🔲 Reprint Reference Job Number | | | | | |
| | ESCRIPTION | | | | | | |
| COMPLETION DATE REQUIRED | ☐ Advertisement ☐ Banner ☐ Booklet ☐ Brochure ☐ Catalog ☐ Direct Mail Piece ☐ eBlast ☐ eVite ☐ Flyer ☐ Folder ☐ Invitation ☐ Magazine ☐ Manual/Handbook ☐ Name Badge (attach typed copy) ☐ Newsletter ☐ Postcard ☐ Poster ☐ Program ☐ Signage ☐ Tablecloth ☐ Other | | | | | | |
| Q | UANTITY CHARGE TO A | CCOUNT NUMBER 3350 | | | | | |
| Academic or Administrative U | nit | Program or Department | | | | | |
| Budget Approver Signature (if | required) X | | | | | | |
| PROJECT CONTACT PERS | ON | Phone Email | | | | | |
| DELIVER TO | | Phone | | | | | |
| Campus | Building | Room | | | | | |
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| FOR OFFICE OF PUBLICATIO | NS USE ONLY | | | | | | |
| PRINTING | | DESIGN | | | | | |
| Print Front and Back | Print Front Only | ☐ Layout/Design ☐ Create Graphic/Illustration | | | | | |
| Finished Size | | PHOTOS | | | | | |
| Flat Size | | ☐ Provided ☐ Needed ☐ Stock ☐ Photo Shoot Required | | | | | |
| lnk | | Size | | | | | |
| Paper | | Number of Pages | | | | | |
| | | Instructions | | | | | |
| ☐ Collate ☐ Staple ☐ Die Cut ☐ Emboss | ☐ Fold ☐ Foil Stamp ☐ Score ☐ Perforate | | | | | | |
| Envelope | Ink | POSTAL ELEMENTS | | | | | |
| Special Instructions | | ☐ Business Reply ☐ First Class ☐ Nonprofit | | | | | |
| | | ☐ Self-Mailer ☐ Other | | | | | |
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| | | ADMINISTRATIVE | | | | | |
| | | COSTS | | | | | |
| | | Design\$ | | | | | |
| VENDORS | | Editing/Copywriting | | | | | |
| 72/150/10 | | Photography \$ Printing \$ | | | | | |
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Office of Publications 3301 College Avenue Fort Lauderdale, Florida 33314-7796 (954) 262-8850 • Fax: (954) 262-3222 Email: publish@nova.edu

PRINT REQUISITION

For Business Cards, Letterhead, Envelopes, Forms, Note Cards, and Note Pads Only

| CHARGE TO ACCOUNT NUMBER QUANTITY Program or Department Budget Approver Signature (if required) X PROJECT CONTACT PERSON Phone Email DELIVER TO Phone Building BUSINESS CARD INFORMATION Name of Department or Academic or Administrative Unit CARBONLESS QUENT Q | SUBMISSION DATE | PLEASE CHECK ONE ITEM ONLY PER F Business Card Letterhead Letterh | |
|--|---|--|---|
| Academic or Administrative Unit Program or Department Budget Approver Signature (if required) X PROJECT CONTACT PERSON Phone Email Phone Building Room Business CARD INFORMATION Name of Department or Academic or Administrative Unit CARBONLESS CARD INFORMATION Name of Department or Academic or Administrative Unit CARBONLESS CARD INFORMATION STOCK CARBONLESS CARD INFORMATION CARBONLESS CARD INFORMATION STOCK CARBONLESS CARD INFORMATION STOCK CARBONLESS CARD INFORMATION CARBONLESS CARBONLESS CARD INFORMATION CARBONLESS | | ☐ Blue ☐ Blue/Gray ☐ Black ☐ S | |
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| DELIVERTO | Budget Approver Signatu | ure (if required) X | |
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| BUSINESS CARD INFORMATION Name of Department or Academic or Administrative Unit Employee Name | DELIVER TO | | Phone |
| Name of Department or Academic or Administrative Unit STOCK | Campus | Building | Room |
| Name of Department or Academic or Administrative Unit | Name of Department or A Employee Name Title Address Phone 800 Number Email Address | Academic or Administrative Unit | □ 20# Bond □ 60# Bond □ Card Stock □ Crack N Peel CARBONLESS □ 2 Part □ 3 Part □ 4 Part □ 5 Part PAPER COLOR SIZE □ 8½ x 11 □ 8½ x 14 □ 11 x 17 □ 4 x 6 □ 4¼ x 5½ □ 5½ x 8½ □ Other PRINTING □ Front □ Back BINDERY □ Fold □ Perf □ Score □ Collate |
| Phone Name of Department or Academic or Administrative Unit 800 Number Fax | Name of Department or A | | □ A2 □ A7 □ A10 □ #10 □ #9 □ 6 x 9 □ 6½ x 9½ □ 9 x 12 □ 9½ x 12½ □ 10 x 13 □ 11 x 14 □ Other |
| Address | Phone | | ☐ Booklet (Flap on Long Side) ☐ Catalog (Flap on Short Side) Name of Department or Academic or Administrative Unit |
| Email Address Address | | | Address |
| | | | Notes |
| | | | |

NSU LAW INDIVIDUAL STUDENT TRAVEL REQUEST FORM SUBMIT TO ASSISTANT DEAN FOR ADMINISTRATION

| (Please prov | NAME: vide name exactly as | it appears on | your travel i | dentification | n) | |
|--|--|--|--|---|--|--|
| D.O.B.: | | - | | | | |
| PHONE NUI | MBER: | | | | | |
| REPRESENT | ΓING: | <u> </u> | | | | |
| POSITION H | HELD: | | | | | |
| TRAVEL DA | ATES: | | | | | |
| LOCATION: | : | V | No. ide-Polida | | | |
| FUNDING S | OURCE: | | *************************************** | | | |
| DATE SUBN | MITTED: | 3 | 900000000000000000000000000000000000000 | | | |
| prepaid. The from hotel ta Jersey, New reservations reser | th copies of all conference check will be mailed exes in the states of Conference York, Ohio, Rhodomust be held by a pert to make your own ur credit card number | ed to the hotel Colorado, Flor e Island, Ten rsonal credit c reservations, a | directly from ida, Kansas, kanessee, Texas ard, since NS as long as the | NSU Accoudentucky, Mrs., Utah, Visual Utah, | nts Payable. aine, Michig rginia and V provide this s | We are exempted gan, Missouri, New Wisconsin. Hote service. Therefore |
| | Hotel Name: | | | | | |
| | Address: | | | | | |
| | £ | | Walls of the state | | | |
| | Telephone: | | 781 11 1 1 1 1 1 1 1 1 | | | |
| | Fax Number: | | | | | |
| Cost: | _Single Room X | Rate (+ | tax) X | Days = | | |
| | | Hotel Total | Payment Due | | | |

<u>PLEASE SUBMIT ANY ADDITIONAL INFORMATION PERTINENT TO TRAVEL ON A SEPARATE SHEET.</u>

NSU LAW STUDENT GROUP TRAVEL REQUEST FORM SUBMIT TO ASSISTANT DEAN FOR ADMINISTRATION

| STUDENT ORGANIZATION: | <u> </u> | ************************************** |
|--|---|--|
| COMPETITION TITLE: | | |
| TRAVEL DATES: | *************************************** | |
| LOCATION: | *************************************** | |
| FUNDING SOURCE: | | |
| Names of Students Attending: (Please provide name exactly as it a | appears on your travel | identification) |
| Name: | D.O.B.: | Phone Number: |
| Name of the one student who will be | responsible for all trave | l arrangements and all funds: |
| | | |
| Faculty Advisor's Approval: | | |
| Date Submitted: | | |

(1) Hotel Payment Information:

Attach copies of all conference and hotel registration information. If time allows, the cost will be prepaid. The check will be mailed to the hotel directly from NSU Accounts Payable. We are exempted from hotel taxes in the states of Colorado, Florida, Kansas, Kentucky, Maine, Michigan, Missouri, New Jersey, New York, Ohio, Rhode Island, Tennessee, Texas, Utah, Virginia and Wisconsin. Hotel reservations must be held by a personal credit card, since NSU does not provide this service. Therefore, you may elect to make your own reservations, as long as the cost is within your budget, or you will need to provide your credit card number for us to make the reservations. Hotel Payment Information (cont'd.)

(MUST ATTACH HOTEL CONFIRMATION WITH THIS FORM!)

| | Hotel Name: |
|------------------------------|---|
| | Address: |
| | Telephone: |
| | Fax Number: |
| | Rooms needed and names of occupants for each: A male and a female may not share the same room! |
| | Double: |
| | Single: |
| | Number of nights: |
| Cost: | Single Rooms X Rate(+tax) X Days = SubtotalDouble Rooms X Rate (+tax) X Days = Subtotal |
| Rental NSU. Please | rental Information: I vehicle is directly billed to NSU and insurance for the rented vehicle will be covered by remember when dropping off rental vehicle, it is a necessity to fill up gas tank and abmit a receipt. |
| Person driving | g vehicle (must be over 25 years of age): |
| PLEASE SUE SEPARATE S | BMIT ANY ADDITIONAL INFORMATION PERTINENT TO TRAVEL ON A SHEET. |



PLEASE CIRCLE DAYS ADVANCE NOTICE:

| 7 | 14 | 21 | 30 |
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NON-INSTRUCTIONAL TRAVEL AUTHORIZATION & RESERVATION FORM

NSU POLICY: MINIMUM 21 DAYS IN ADVANCE PREFER 30+ DAYS LOWEST AVAILABLE FARE

| | FOLLOW TETE this for | THIS THE | EE STEP I | PROCESS: | DATE: | |
|--|----------------------|------------------|--------------------|--|--|---------------------------------------|
| | | | tinerary or a | genda of conference to | the Travel Offic | e at (054) 262 3060 |
| | | | | reservation by the NE | | |
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| Name of tray | veler (exactly a | s shown on I.D. |) | | Daytime Phone | Email |
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| | son making res | ervations | | | Daytime Phone | Email |
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| | Carrie Williams | | 1 100000 | | | |