

Design Services Printing Invoice

Order date: _____ Pick-up date: _____ Name: _____

Phone: _____ Email: _____

UAF Dept: GI Other: _____

Payment: Fund/Org #: _____ Cash Check Credit

Budget Authority: _____ Email: _____ Phone: _____

Large Format

Print Dimensions	Square Feet (SF)	Price per SF	Total

Incidental/Other

Description	Total

\$30 Rush Fee \$10 Trimming Fee Total: _____

Payment Approval / DocuSign ID #: _____

Received by: _____ Date: _____