



**UNIVERSITY STUDENT ORGANIZATION  
REQUEST FOR PRINTING**

In requesting work of Printing Services, I am personally verifying that this material as indicated in this form is for use by me for an approved University of Louisiana function or related activity. I understand that I am personally responsible for guaranteeing payment for this work, regardless of payment source. I agree that I must pay in advance, in full, prior to Printing Services beginning the process of filling my request.

Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Organization Phone: \_\_\_\_\_ Home: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

CLID: \_\_\_\_\_

Description/Title of Work: \_\_\_\_\_

Name of Source Payment: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Date Needed: \_\_\_\_\_

**Approvals:**

Dean, Student Affairs: \_\_\_\_\_ Date: \_\_\_\_\_

Organization President: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_ Date: \_\_\_\_\_