

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last Name / First Name

Phone#: _____ Email : _____

- Please fill and retain a copy for your records (we will not be sending a copy of the JV).
- Please send this form and the posters to the ONECard office for approving and distribution.
- Please leave the posters and this form with the ONECard Clerk on duty.
- Posters will be stamped for 3 weeks & distributed by our staff within 2 business days.
- The poster distribution charge is a flat fee of \$35.00 for 50 poster max.
- You can also pay cash / debit / visa or mastercard at our counter

POSTER DETAILS

How many posters are to be distributed & what size are they?

50 @ (8.5 x 14)?

25 @ (11 x 17)?

Please provide details about the poster content & event:

Please review the UVic Poster Policy: <http://communications.uvic.ca>

FAST SIGNING AUTHORITY

We can not accept a research account for billing.

FAST NAME: _____ **FUND#** _____ **ORG#** _____ **ACCT#** 9212 **ACTV#** _____

First/Last name _____
authorizing this FAST charge: _____ Date: _____

PLEASE PRINT

Please send this form to the onecard office at onecard@uvic.ca and c.c. your departments accounting clerk. We will not be providing you with a copy of this fast charge.

OFFICE USE ONLY

Journal Code FJ# _____ Date processed in FAST: _____

ONECard staff signature: _____ Date: _____