



Work Order

Complete and return to:
Marketing and Communications
Campus Box 1027
marketing@siue.edu
FAX: 618-650-3616

For Office Use Only

Project Number: _____
Date Received: _____
Billing Cost: _____
Date Billed: _____
Project/Relationship Manager: _____
Client: _____

Contact Information

Account Title: _____
If you are using multiple accounts, list in description section or attach a sheet.
Budget Purpose Number: _____
Department: _____
Name of Job: _____

Requested Deadline: _____
Contact Name: _____
Phone: _____
Campus Box: _____
Email: _____

Note: Please call to confirm receipt of your work order. Requested Deadline is not guaranteed and is based on various factors including complexity of project, proofing time required, etc.

Description of Work Requested

Check any that apply to this job:

- Copywriting Graphic Design Media Relations Photography Printing
 Web Development/Design Social Media Integration Promotional Video Development/Design

*For reprints, please include sample of previous job. **Quantity for Printed Materials** _____*

For photography or video please include: Date: _____ Start Time _____ End Time _____

Place _____

Please identify proofing team: Reviewer(s) _____

_____ *Approver* _____

Please provide a brief description of the work requested. If printwork, please include specifications known. If possible, include samples of previous job or sample of item you would like to reference with work order, either in PDF to marketing@siue.edu or as hardcopy.

Note: Client is responsible for requesting mailing services from Mailing Methods and supplying mailing lists.

Delivery Information

Building and Room: _____ **Send Final Bill to:** _____

I certify that there is an unobligated balance available in the account for this purchase.

Save to pdf and attach to email, fax or deliver to Marketing and Communications.

Fiscal Officer Signature

Sign as fiscal officer or have the fiscal officer send an email with the work order attached.

Date