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☐ **Option 1**

CENTERED

☐ **Option 2**

RIGHT-ALIGNED

UAB MEDICINE

The University of Alabama at Birmingham
Department, Unit, Center, etc.
0000 Building Name
0000 00th Avenue/Street South
205.000.0000 | Fax: 205.000.0000

Mailing Address:
BLDG 0000
1720 2ND AVE SOUTH
BIRMINGHAM AL 35294-0000

UAB MEDICINE

The University of Alabama at Birmingham
Department, Unit, Center, etc.
0000 Building Name | 000 00th Avenue/Street South
BLDG 0000 | 1720 2ND AVE SOUTH | BIRMINGHAM AL 35294-0000
205.000.0000 | Fax: 205.000.0000

☐ **UAB and CoA co-branding on UAB Medicine**

INFO TO BE PRINTED ON LETTERHEAD:

☐ Heersink School of Medicine

☐ O’Neal Comprehensive Cancer Center

Dept, Unit, Center, etc. *(required)* _____

Room/Suite # _____ Building Name _____

Physical Address _____

Office # _____ Fax # _____

MAILING ADDRESS:

Building Code and Room/Suite # are required.

Building Code and Room/Suite # _____

☐ **UAB CAMPUS:**
1720 2nd Avenue South
Birmingham, AL 35294-____

☐ **UAB HOSPITAL:**
(4-digit zip required)
619 19th Street South
Birmingham, AL 35249-____

☐ **TKC OF UAB HOSPITAL:**
2000 6th Avenue South
Birmingham, AL 35233-0271

☐ **OFF CAMPUS:**

If you are using an HSF account number, you must supply an HSF Internal Requisition.
The HSF requisition must have the account number, object code, and the
departmental authorized signature.
For Oracle account numbers, provide GL or GA string in space provided at bottom of page.

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UAB EXT. / EMAIL

UAB EXT. / EMAIL

DEPARTMENT _____

ROOM NUMBER

DELIVER TO

UAB EXT. / EMAIL

ROOM NUMBER

EMAIL

UAB MEDICINE MONOGRAM CAN BE GREEN OR BLACK

500

1000

☐ OTHER

COA IS REQUIRED TO BE RED, GREEN AND BLACK

For Oracle account numbers, fill out the information below. For HSF account numbers, please attach an HSF Internal Requisition.

DEBIT (DECREASE) ACCOUNT

Debit Amount (optional)

[illegible]

Debit Amount (optional)

[illegible]