

University of Arkansas at Little Rock  
 Graduate Institute of Technology  
 2801 S. University Ave., ETAS 329  
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Date: \_\_\_\_\_

## Poster Printing Authorization Form

To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 e-mail: \_\_\_\_\_

Item #	Item Description	Units	Unit Price	Extended Price
1	Posters printed on _____ Project: _____			
	_____			
	_____			
	_____			

Total Due to GIT: \_\_\_\_\_

Requesting party: \_\_\_\_\_

Fund \_\_\_\_\_  
 Org \_\_\_\_\_  
 Account \_\_\_\_\_  
 Program \_\_\_\_\_

Budget approval: \_\_\_\_\_