

BAR CODES FORM

PO # _____

DATE(MM/DD/YEAR) _____

Department _____

Contact Name _____

Location: Room _____ Building _____

Contact Phone Number: _____

Request for Bar Codes

Selection	Quantity	Item	
		1 Sheet	\$1.00= 1 Sheet/30 Labels
		1 Pack	\$4.97= 4 Sheets/120 Labels

MAIL SERVICES OFFICE USE ONLY

To be completed upon delivery of barcodes request.

Print Name: _____

Date: _____

Signature: _____

You will need to save a copy of the completed form then click the submit button.