NEW / REVISED PRINT FORM REQUEST

Date: _____

Initiator: _____
(print name)

Extension: _____

Department: _____

Location: _____

Draft of New or Revised Form Attached (please check box): ☐

Initiating Department Manager's Approval

_____ _____ _____
(Print Name) (Signature) (Date)

PROCUREMENT DEPARTMENT SUPPORT DIVISION / LKS-17

Form Number: _____ **Form Name:**_____

_____ _____ _____
(Print Name) (Signature) (Date)

Initiating Department

1st Artwork Proof: APPROVED "As Is" ☐ Make Corrections / Need New Proof ☐

2nd Artwork Proof: APPROVED "As Is" ☐ Make Corrections / Need New Proof ☐

Initiating Department - Approval on FINAL Artwork

_____ _____ _____
(Print Name) (Signature) (Date)

Please return this form along with the approved final artwork to Procurement Support Division - LKS-17.

Print Form