


# University of Florida Letterhead Order Form

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**UF** UNIVERSITY of FLORIDA

College Name  
Department Name

Physical Location  
PO Box 00000  
Gainesville, FL 32610-0000  
352-000-0000  
352-000-0000 Fax

The Foundation for The Gator Nation  
An Equal Opportunity Institution

PLEASE PRINT LEGIBLY OR TYPE YOUR INFORMATION BELOW:

(Up to 3 lines in this section)

Office or Center: \_\_\_\_\_

College: \_\_\_\_\_

Department: \_\_\_\_\_

PO Box (Departmental Only): \_\_\_\_\_

Building and Room Number: \_\_\_\_\_

City, State, Zip+4: \_\_\_\_\_

Phone (Departmental Only): \_\_\_\_\_

Fax(Departmental Only): \_\_\_\_\_

E-mail (Departmental Only): \_\_\_\_\_

Website (Departmental Only): \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Name & Phone # of Person Placing Order: \_\_\_\_\_

E-mail address to send proof: \_\_\_\_\_

Quantity:  500  1000  Other \_\_\_\_\_

Proof:  Yes  No

Charge to P-Card on file?:  Yes  No

I need a P-Card form:  Yes  No

This form is interactive, if you need help call 373-7547