

**CONTACT/BILLING INFORMATION**

Purchase order or departmental requisition # \_\_\_\_\_ Today's date \_\_\_\_\_ Due date \_\_\_\_\_

Contact person \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Previous job number or approximate date \_\_\_\_\_

Bill to (department and address) \_\_\_\_\_

Pick-up (24 Umberger Hall)  Delivery or shipping address \_\_\_\_\_

Special instructions \_\_\_\_\_

Signature (please print also) \_\_\_\_\_

**CERTIFICATE**



1 Please send list of names as an Excel document to [uprint@ksu.edu](mailto:uprint@ksu.edu)

- 2  Undergraduate  Graduate  
 Secondary Major  Veterinary Medicine

3 Academic program name \_\_\_\_\_

4 Date \_\_\_\_\_

**Special note:** Any certificate date that does not match the current semesters date will include a date in the lower left corner of the certificate that shows the current date.

5 Dean, name of college \_\_\_\_\_

**CERTIFICATE COVERS**

Purple coverstock with silver foil embossing

Quantity needed \_\_\_\_\_

Signature if picked up (please print also) \_\_\_\_\_

Landscape

Portrait

