

# How to order Business Cards

- Fill out business card order form.
- Complete purchase order and attach it to the Business card order form with appropriate signatures and account numbers (Please select an amount of 500 or 250 and write down the appropriate price).
- Make copy of business card order form and purchase order for your records.
- Submit both (originals) forms to the business office. Greenworx will email proof to email on business card order form unless otherwise specified.



# Corsicana Independent School District

(Version 1-110515)

(delivery location)

Request for:

- Purchase Order (Regular or Activity fund)
- Check
- Check - Activity Fund (Must have proper signatures)
- Credit Card

DATE: \_\_\_\_\_

PAYABLE TO:

Greenworx printing

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316 N. Main Beaton

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Corsicana, Tx 75110

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Check#: _____
Check Date: _____
(Office use Only)

Mail Check  Return to  Pick up by  Fax: \_\_\_\_\_

(Check applicable disposition)

QUANTITY	ITEM NUMBER	GENERAL DESCRIPTION & PURPOSE (Invoice attached not an adequate description)	UNIT PRICE	AMOUNT
500				\$32.15
250				\$16.08
(Enter Proper Budget Account Number)			<b>TOTAL</b>	
	CHARGE TO:			

\_\_\_\_\_ Campus/Department

\_\_\_\_\_ Sponsor/Requestor

\_\_\_\_\_ Approver I/Title

\_\_\_\_\_ Student Officer-(Activity Fund Request Only)

\_\_\_\_\_ Approver II/Title (If applicable)



**Business Card Order Form  
CORSICANA ISD**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

SAMPLE



CORSICANA  
INDEPENDENT  
SCHOOL  
DISTRICT

**SUSAN E. JOHNSON**  
EXECUTIVE DIRECTOR  
COMMUNICATIONS, PUBLIC RELATIONS &  
MARKETING

2200 WEST 4<sup>TH</sup> AVENUE CORSICANA, TX 75110  
903.602.8146 D 903.602.8515 F sejohnson@cisid.org

**TO APPEAR ON YOUR BUSINESS CARD**

Name (Line 1): \_\_\_\_\_

Title/Position (Line 2): \_\_\_\_\_

Campus/Department (Line 3): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Quantity: 500

Would you like your fax or cell phone number included?  
(Please select at least one.)

Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee Date

\_\_\_\_\_  
Signature of Principal/Department Head Date

CISD Account # to Charge: \_\_\_\_\_

**Please send form to the CISD Business Office.**