

IDT

IDT Number _____
Department Name _____
Department Account _____
Contact Name _____
Local Contact Number _____
Date Submitted: _____

Cougar Card

Name _____
CWID (College ID Number) _____
Local Contact Number (843) _____
CofC Email _____@cofc.edu
 _____@edisto.cofc.edu
Date Submitted: _____

Date Required _____ **(ASAP is NOT a date.)**

Quantity Requested _____ **Number of Files** _____

Name of Item _____

Name of Electronic File _____

- File Format** PDF Powerpoint Word
- Ink/Toner** full color black only
- Paper Weight** Standard Heavyweight Gloss Cover
- Poster Size** 18" x 24" 24" x 36" 36" x 48" Custom _____
 (maximum width = 42")
- Banner Size** 3' x 4' 3' x 5' 3' x 8' Custom _____
 (maximum width = 3.5')

Notes

Please allow a minimum of 24 hours for the completion of each request.

Processed by: _____

Date: _____

Total: \$ _____