

Texas A&M University-Corpus Christi
CAMPUS SIGNS WORK ORDER

DC Job # _____

Dept: _____

Account #: _____

Ref#: _____

Date Requested: _____ Date Needed: _____

Requested By: _____ Ext: _____ Contact: _____

EVENT INFORMATION

Name of Event: _____

Date Event Starts: _____ Date Event Ends: _____

Time Event Starts: _____ Time Event Ends: _____

SIGN SPECS

(Marquee to READ)

(Marquee signs are limited to 66 characters including spaces)

Directional Sign to Building: _____

Other Signage

Sign Hight: _____ Sign Width: _____ Vinyl Color: _____

To Read: _____

AUTHORIZED BY SIGNATURE: _____ TOTAL COST: \$ _____