

IDT

Cougar Card

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

Name
CWID (College ID Number
Local Contact Number (843)
CofC Email
Date Submitted:

Date Required (ASAP is NOT a date.)

Quantity Requested Number of Files

Name of Item

Name of Electronic File

File Format PDF

Ink/Toner full color black only

Paper Weight Standard Heavyweight Gloss Cover

Poster Size 18" x 24" 24" x 36" 36" x 48" Custom

Banner Size 3' x 4' 3' x 5' 3' x 8' Custom

Notes

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

Processed by:

Date:

Total: \$