

# Department of Pathology and Laboratory Medicine Media Authorization Form

DATE:

YOUR NAME:

EMAIL:

PHONE:

SUPERVISOR'S NAME:

DEPARTMENT:

BUILDING:

- ☐ Poster Printing
- ☐ Aperio Scanning
- ☐ Graphic Services

## Paper Options

- ☐ Premium Photo-Quality Paper
- ☐ Thin Phot Paper
- ☐ Fabric
- ☐ Canvas
- ☐ Vinyl Banner
- ☐ Adhesive Paper

MEASUREMENT UNITS: ☐ CM ☐ Inches

POSTER SIZE:

☐ Speedcode ☐ Cash ☐ Cheque ☐ Credit Card

SPEEDCODE:

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## Authorization of Account Holder or Delegate

I, the undersigned, hereby authorize the Department of Pathology and Laboratory Medicine to charge expenses related to the above requested services to the account/speedcode indicated.

SIGNATURE:

In accordance with Tri-Council and Western University policies surrounding authorization of expenditures on grant funds, posters being charged to Western University Research Projects will not be released without the signature of the Researcher who holds the account or their delegate who has completed the Research Finance Delegation of Signing Authority Form.