

STATIONERY REQUISITION FORM

STEP 1 - CHECK APPROPRIATE BOXES

REORDER Please attach a copy of your business card, letterhead or envelope to this form (scan if sending electronically), and complete Section **D**)

REVISED ORDER Complete Sections A, B &/or C as well as D. See Graphic Standards Manual for more info.)

NEW ORDER Complete Sections A, B &/or C as well as D. See Graphic Standards Manual for more info.)

STEP 2 - AMOUNT REQUESTED:	100 (min. order)	250	500	

STEP 3 - All Southern Health-Santé Sud stationery/business cards/appointments cards are produced in bilingual format. Please reference 'Stationery Buddy' available on the Health Providers' Site (under Staff Resources) to access official bilingual listing of titles, credentials and address formats for sites, programs and services. If your title or desired credentials do not appear on the Stationery Buddy, contact Human Resources (204-428-2747 or humanresources@southernhealth.ca) Incomplete forms will be returned.

A. BUSINESS CARD/APPOINTMENT CARD Please complete BOTH columns

Please reference business and appointment card options in the Graphic Standard Manual and select one of the following:

Option 1 Business Card

Option 2 Business/Appointment Card

Option 3 Business/Appointment Card (larger font)

ENGLISH reference to 'Stationery Buddy'			FREN	I C H	reference to 'Station	reference to <u>'Stationery Buddy'</u>		
Line 1 (NAME)		Credentials optional	Line 1 (NAME)			Credentials optiona		
	MAX 30 char. spaces for Name,	'Credential	MAX 30 char. spaces for Name/Credential					
Line 2-3 (title)			Line 2-3 (title)					
Line 4 SO	SOUTHERN HEALTH-SANTÉ SUD			SOUTHERN HEALTH-SANTÉ SUD				
Line 5 (Site/Program/Servional	ce)		Line 5 (Site/Program	n/Service)				
Line 6 (Mailing-physical address)	Net augilekla for Opti	an 2	Line 6 (Mailing-physaddress)	sical	Nee	o for Outline 2		
Line 7	Not available for Option 3 MB		Line 7		Not available	e for Option 3 MB		
(address 2)		IVID	(address 2)			IVID		
(city/town/village) (postal code) Not available for Option 3			(city/town/village) (postal code) Not available for Option 3					
Line 8 (office #)	Ex	Ext. *optional				Ext. *optional		
Line 8 (fax #)	Not available for Option 3		Line 8 (fax #)		Not availa	ble for Option 3		
Line 9 (cell #)	Not available for Op	tion 3	Line 9 (cell #)			ble for Option 3		
Line 10 (email)			Line 10 (email)		NOL AVAIIA	ые тог орион э		
Line 11 www	www.southernhealth.ca			Line 11 www.southernhealth.ca				
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В. І	LETTEKHEAD - I	complete, refer to the BILING	UAL COIUMN IR	the KED se	ction of the <u>Stationery</u>	виаау		
ВП	LINGUA							
Line 1		SOUTHERN HEALTH-SANTÉ SUD						
Line 2 (Site/Pro	ogram/Service)							
Line 3 (Mailing-	-physical address)							
Line 4 (address		city/town/village)		МВ	(postal code)			
Line 5 (office #	-	7 307	Line 5		The state of the s			
Line 6	,	www.southernhealth.ca	(1881)					
C.	ENVELOPES - To	complete, refer to the BILINGU	AL column in	the RED sec	tion of the <u>'Stationery I</u>	Buddy'		
	Envelope type/	size:						
	See attac	ned envelope sample						
	Description	on (size, color, window, etc.):						
BIL	INGUAL							
Line 1	9	OUTHERN HEALTH-SANTÉ SUD						
Line 2	gram/Service)							
Line 3 (Mailing-p	physical address)							
Line 4 (address :	2)			МВ				
(address .		ity/town/village)		1415	(postal code)			
D. (Contact for proc	fing/Delivery						
N	lame:		Email:				Tel:	
S	ite/Program/Se	rvice:						
							-	
_								
ı	Regional Directo	r/Site Director Approval Signat	ure	GL CODE			DATE	
SUBN	AIT REQUEST &	RELEVANT SUPPORTING DOC	CUMENTATIO	N TO: steinl	bachdc@southernhealt	:h.ca	SUBMIT FORM	RESET FORM
F	Office U.S.	Rcvd:		C	Closed:			
For	Office Use	Request	History:					

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