



NAME PLATE ORDER FORM

(Type the information on this order form)

Cost Center No. _____
Cost Center No. _____
Cost Center No. _____

Cost Center Allocation (%) _____
Cost Center Allocation (%) _____
Cost Center Allocation (%) _____

<p>Staff Name, Degree/Licensure: _____</p> <p>Board Title / Job Title: _____</p> <p>Administrative Job Title: _____</p>

- Name is followed by the highest earned degree. Licensed staff name is followed by Licenses/Certifications
- Title is Board Approved Title if Licensed, Certified or Registered **OR** Job Title
- Staff covered under the BBSE will have no Title
- Administrative Title will be for staff identifying a Board Approved Title **AND** have an Administrative Title

Program Name _____

Address _____

City, Zip _____

Phone _____ / _____

Contact: _____

Divisional/Program Director's Approval: _____ **Date:** _____

Instructions:

1. Order Form needs to be approved by the Program or Divisional Director.
2. Email the completed/approved order form to Purchasing@PacificClinics.org.
3. Upon receipt by Purchasing Dept of the completed order form, processing time will be approx 10-12 business days.
4. Name Plate orders are sent via inter-office mail by Purchasing Dept to the requestor/site.
5. For any questions, please contact Purchasing Dept at 626-254-5000 or send an email to purchasing@pacificclinics.org