Project Production Cost Form Inpleted by author(s)/department. (Please contact of

Project Contact Name			Email Address			
Project Title		Department				
Notes:						
For publicat	tions only					
Please choose one: New Rerun		Revised	Print Quantity, if applicable			
	mpleted by depar	. ,		- e.g., printing – will	be charged to this	account numb
Fund for	, , ,	. ,		- e.g., printing – will Order (required)	be charged to this Amount or % (required)	Department
Fund for Business Area	Fund (required)	Cost Center	GL Account		Amount or % (required)	