

Departmental Order Form

Multi-op Course Evaluations

Send to:
IU Bloomington Evaluation Services and Testing
Franklin Hall M002, IUB

Date: _____
Name: _____
Department: _____
Telephone: _____

Forms Ordered

Form Title ¹	Quantity

1. Form title is in the upper right of form; "BEST" in this position indicates the standard form. Form Bs (required header sheet) may also be ordered on this form.

Delivery Address:

Building _____ Room _____

Account Number: _____
Authorized Signature: _____

Note: An account number and signature must be provided in order for this order form to be processed. This authorizes BEST to use the account number on the work order for MAXI duplicating. Duplicating costs will be billed directly to the account and will appear on the monthly FIS account statements.