

REQUEST FOR AUDIO VISUAL SERVICES

F. DATE SUBMITTED

A. BUREAU

B. ORIGINATING OFFICE

C. PERSON TO CONTACT

D. PHONE NUMBER

G. DATE REQUESTED

H. TITLE OR DESCRIPTION OF JOB

I. TIME NEEDED

FROM: _____

TO: _____

REQUEST FOR EQUIPMENT *(Check all that apply):*

Room _____

☐ Video tape player and monitor

☐ 3/4" U-Matic

☐ 1/2" VHS

☐ Overhead projector

☐ Slide projector

☐ Opaque projector

☐ 16mm Motion picture projector

☐ Projection screen

☐ Audio tape recorder

☐ Microphone(s) *(If so, how many _____)*

☐ Other _____

OPERATORS NEEDED? ☐ Yes ☐ No

REQUEST FOR PRODUCTION *(Check all that apply):*

☐ Video taping

☐ Audio taping

☐ Video editing

☐ Audio editing

☐ Video duplicating

☐ Audio duplicating

LENGTH OF FINAL PRODUCTION _____

NUMBER OF COPIES _____

LOCATION OF TAPING: ☐ Studio (Room 5407)

☐ Other _____

ADDITIONAL INFORMATION

APPROPRIATION NUMBER

BUREAU COST ESTIMATE

AV.

REVISED
ESTIMATE

BUREAU
APPROVAL

AV.
INITIAL/DATE

This work is necessary to the conduct of business of this office. I certify that sufficient funds were allotted for this obligation and are available for this purpose.

ORIGINATING OFFICE *(SIGNATURE)*

PERSON MAKING THIS REQUEST

INCOMING REQ. DESK

CLOSE
OUT
DATE

DATE

INITIALS

BUDGET OFFICER *(SIGNATURE)*