Multimedia Services Request Form  Event ID ______________

phone x23041 & x23045  fax x27282

USER INFO
Name of Dept or Organization ___________________________  Today’s Date ___________________

Dept Code ___________________________  Telephone __________________

Contact Person ___________________________  FAX __________________

EVENT INFO
Instructor/Coordinator ___________________________  Course/Event ___________________________

Location ___________________________  Start Time ___________________________  End Time ___________________________

TYPE OF SERVICE
☐ Operate  ☐ Delivery & Pick Up (Delivery = YES)  ☐ Equipment Only (Delivery = NO)

ITEMS NEEDED
Date ___________________________  Item Description ___________________________

SUPPLIES NEEDED
☐ Blank CDs/DVD
☐ please specify: ___________________________

EVENT NOTES

FAU

7 5 0 1 5 0

ACCOUNT  ACTIVITY  FUND  FUNC  COST CENTER  PROJ CODE

Users of the Multimedia Technologies systems, services, and equipment must abide by the provisions of the University of California Electronic Communications policy (please visit http://cnc.ucr.edu/policies.html). The departments or organizations listed above are responsible for the safekeeping of equipment and systems and are financially responsible for damages.

Authorized Signature ___________________________

BILLABLE ☐