

Multimedia Services Request Form

Event ID _____

phone x23041 & x23045 fax x27282

USER INFOName 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