

# Multimedia Services Request Form

Event ID \_\_\_\_\_

phone x23041 &amp; 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