



Honolulu Community College Educational Media Center

Media Services Request

Job No:

Date Rec'd:

Date Needed:	Request Date:	Phone:
--------------	---------------	--------

Requested by (print):	email:
-----------------------	--------

Department/Division:	Account Code:
----------------------	---------------

Type of Service: Audio___ CD/DVD___ Conferencing___ Instructional Design___ Photo___ Video___ Website___
 Installation___ Repairs___ Setup___ Sound System___

I have all copyright clearances necessary to complete this service request:

Signature: _____

Reimbursement Authorization:	Account Code:
------------------------------	---------------

INSTRUCTIONS - WHAT, WHERE, WHEN, HOW MANY

EVENT DATE:	EVENT TIME:	LOCATION:
-------------	-------------	-----------

OFFICE USE ONLY

Supplies Brought In:	Technician/hrs:
----------------------	-----------------

Supplies Used:	Date Completed:	Total Job Time:
----------------	-----------------	-----------------

Reimbursal :	Date Reimbursal Received:	Date Client Notified:
--------------	---------------------------	-----------------------

RECEIVED BY:

Print Name: _____ Signature: _____ Date: _____