



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:

Division:

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

Equipment Brand/Model:

Item SN#:

Repair Details:

Supplies Brought In:

Technician/hrs:

Supplies Used:

Date Completed:

Total Job Time:

Reimbursals :

Date Reimbursals Received:

Date Client Notified:

RECEIVED BY:

Print Name: _____ Signature: _____ Date: _____