The University of Texas Health Science Center @ San Antonio Academic Informatics Services Distance Learning - Teaching Support Services AUDIOVISUAL SERVICES - SERVICE REQUEST FORM Rm.: 1.354 - T; Phone: 567-2210; Fax: 567-2216

Requester		S.R. #		
Department		Phone #		
Course #		Account #		
Authorized Signature		Today's Date		
Print Name of Authorized Signature		<mark>Authorized</mark> Signature Phone #		
*** Signature must be on file at Accounting ***				

** Signature must be on file at Accounting *

<mark>Due Date:</mark>	Time:	Date Completed:	Time:	

Location	□On Campus <mark>RM</mark>		□Off Campus			□Special Events/ Conferences				
Equipme	Equipment Requested:									
QUAN.	MATERIAI	LS COST	EXT.COS	ST	QUAN.	RENTA	L	COST	# DAYS	EXT.COST
				I		<u> </u>				

Special Instructions/Remarks:

Labor Time	
Labor Rate	
Labor Cost	\$
Material Cost	\$
Rental Cost	\$
Transportation	\$
TOTAL	\$

Please fax form to 210-567-2216

All HIGHLIGHTED fields are required before submitting