Columbia University
AUDIO VISUAL DEPARTMENT, 111 MATHEMATICS
Service Request
Office Number: 854-4175, 4176, Fax: 854-3164

*Note: Requests require Three or more days notice. However, every effort will be made to accommodate any special needs.

Today's Date: 11/1/07

Event Location: ____________________________

Event Date: ____________________________

Event Start Time: _______ End Time: _______

Earliest Time Location Available for Setup: _______
*Note: You will be charged for setup time.

Group/Organization: ____________________________

Equipment Requested:

__________________________

__________________________

__________________________

__________________________

**Recording Needs:  Audio□  Video□**

Requested By: ____________________________ Phone: _______

Bill To: ____________________________ Phone: _______

Billing Address: ____________________________

Billing A cct #: ____________________________

OFFICE USE ONLY

Order Taken By: ____________________________

Estimate (if needed): $__________

Scheduled Engineer: ____________________________

Required Set Up Time: ____________________________