AV EQUIPMENT REQUEST - FACULTY/STAFF (PLEASE PRINT)

Client's last name: first name:

Client's Division: _____

Client's Subdivision: _____

Phone: _____

Subdivision Description: _____

State University of New York at Stony Brook

MEDIA SERVICES REQUISITION

HSC L3 Room 044 Zip=8030

Medical Media Units: Photography 444-3232
Illustration 444-3029 Accounting 444-3231
AV Services 444-3230

Job Number

STOP! Use this form ONLY to BORROW equipment that you will transport yourself. If you require equipment delivery and pick-up, supplies, off-hour or weekend coverage, video teleconferencing support or other audio visual services please ask an AV Support staff member for the appropriate form(s).

DATE NEEDED	DATE RETURNED	LOCATION OF EVENT:
Date: _____	Date: _____	
Time: _____	Time: _____	PURPOSE:

EQUIPMENT CHECK LIST

AUDIO

- ❑ Audio cassette player/recorder
- ❑ Microphone
- ❑ Other:

VIDEO

- ❑ Television/monitor
- ❑ VHS player (1/2")
- ❑ VHS Camcorder
- ❑ Document Camera

COMPUTER

- ❑ PC laptop computer
- ❑ Macintosh laptop computer
- ❑ Wireless mouse
- ❑ ZIP drive (for laptop)
- ❑ CD-ROM drive (for laptop)
- ❑ Other:

PROJECTION

- ❑ Slide projector with remote
- ❑ Slide tray
- ❑ Remote extension
- ❑ Screen
- ❑ Overhead
- ❑ LCD Data Projector
- ❑ Laser Pointer
- ❑ Wireless Remote
- ❑ Other:

ACCESSORIES

- ❑ Cart with outlet strip
- ❑ Extension cord
- ❑ Keys for: _____
- ❑ Cables: _____
- _____
- _____
- ❑ Tripod
- ❑ Easel
- ❑ Other:

Equipment Use Agreement

I hereby assume FULL FINANCIAL RESPONSIBILITY for all damages and/or losses to the equipment checked above while in my possession.I intend to use the borrowed equipment for academic or organizational activities of the H.S.C.I understand that equipment is loaned on a daily basis and must be returned to Media Services' AV unit by 5 PM.Overnight or weekend loans must be returned by 8:30 AM on the next business day after use.

BACK UP & SAVE

All back up and save functions on client-owned equipment related to this service are the responsibility of the client.Media Services shall be held blameless in the event of lost files or data on client-owned equipment.

Approval of Account Director

Source of Funds

❑ State ❑ SBF ❑ Other
❑ Research ❑ CPMP

_____
Account Number

Account Authorization Signature **REQUIRED** _____

_____ _____
Client Signature *Date*

The signature of a person authorized to commit funds is required **PRIOR** to the provision of services. This signature also authorizes payment. If funds are not available from the account or grant, the client will bear the full responsibility for payment to the University.

Credit Account
900176 / 900839
Service Unit Approval _____

AMOUNT DUE

signature in this box confirms equipment was in working order when released

PICKED-UP BY

Name: _____ Date: _____

RETURNED BY

Name: _____ Date: _____

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