AV EQUIPMENT REQUEST - STUDENT (PLEASE PRINT)

Student's last name: first name:

Sponsor's Division: _____

Sponsor's Subdivision: _____

Sponsor's Phone: _____

Subdivision Description: _____

Name Of Faculty/Sponsor: _____

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 week-end 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 Cam corder

COMPUTER

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

PROJECTION

- ❑ Slide projector with remote
- ❑ Slide tray
- ❑ Overhead
- ❑ LCD Data Projector
- ❑ Other:

ACCESSORIES

- ❑ Cart with outlet strip
- ❑ Extension cord
- ❑ Cables: _____
- _____
- _____
- ❑ 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

_____
Account Number

Account Authorization Signature **REQUIRED** _____

_____ _____
Student/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, the client/student 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: _____

rev. 4/30/02