State University of New York at Stony Brook

MEDIA SERVICES REQUISITION

HSC L3 Room 044 Zip=8030
Photography 444-3232 (fax: 444-6172)
Illustration 444-3029 • Accounting 444-3231
(fax: 444-3500)

Client last name: first name:

(PLEASE PRINT)

Dept.: _____ Phone: _____

Job Number

Date in: _____ Date in: _____ Intended Use _____

please accomplish the following:

E6 Color Slide Film only

# of exposures	# of rolls	RUSH required
24		
36		

Special notes for E6 processing

☐ mounted ☐ push/pull

☐ unmounted indicate # of stops _____

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 equipment loan. This signature also authorizes payment should the equipment be damaged during the loan. 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

rev. 9/26/03