

EQUIPMENT REQUEST FORM

1. TODAY'S DATE: _____
2. The Department/Office of _____
request the use of: Slide Projector _____
Overhead Projector _____
TV/VCR _____
LCD Overhead _____
LCD Overhead with Laptop _____
Other (please specify) _____
3. Dates needed: Beginning Date: _____ Ending Date: _____
4. Days of the Week (circle choice): M T W R F Sa Su
5. Time needed: Beginning: _____ (AM PM) Ending: _____ (AM PM)
6. Room equipment should be delivered to: _____ (Texaco or Tidewater only).
7. Class/Function or Event Code (Codes listed on back): _____
8. Telephone/Fax/Email: _____
9. Comments: _____

Request Confirmed: _____

Request Denied: _____

Signature of Equipment Coordinator

Date

PLEASE NOTE THAT ALL EQUIPMENT REQUESTS MUST BE RECEIVED
BY THE COORDINATOR AT LEAST 48 HOURS IN ADVANCE

EQUIPMENT REQUESTS ARE HONORED ON FIRST COME FIRST SERVE BASIS