CIDDE INSTRUCTIONAL MEDIA SERVICES
MEDIA REQUISITION FORM
Please forward completed form to:
Instructional Media Services, B-10 Alumni Hall
PHONE: (412) 648-7240
FAX: (412) 648-8812

Name: ___________________________ Pitt ID Card Number: ___________________________
Telephone: ________________________ E-mail: ____________________________
Campus Address: __________________ Department: ___________________________
Course (Abbr. & Number): __________________ Account Number: __________________

SERVICE REQUIRED
Place orders Monday through Friday between 8:30AM and 5:00 PM

1. ☐ Equipment setup in classroom by class time (3 business days notice required, not including weekends and holidays)
   Date(s) required: ___________________________ From: ________AM/PM To: ________AM/PM
   Building: ___________________________ Room: ___________________________

2. ☐ Equipment delivered to and picked up from a campus office (1 business day noticed required)
   Delivery date: ___________________________ Pickup Date: ___________________________
   Building: ___________________________ Room: ___________________________

3. ☐ Equipment may be picked up from and returned to IMS by Patron.

EQUIPMENT REQUESTED

☐ Keys, Room #_______ ☐ Data/Video Projector ☐ Slide Projector
☐ Color Monitor ☐ Portable PC ☐ Overhead Projector
☐ VHS Player ☐ Portable MAC G3 ☐ 16mm Projector
☐ DVD Player ☐ Digital Camera ☐ Speakers
☐ Camcorder ☐ Cassette Player/Recorder ☐ Microphone
☐ Tripod ☐ Screen ☐ Amplifier
☐ Other __________________________________________

☐ Please provide blank video tape ☐ Will provide own video tape

FILM/VIDEO REQUESTED

<table>
<thead>
<tr>
<th>Catalog #</th>
<th>Title</th>
<th>Date of Class</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>