



MEDIA PRODUCTION WORK REQUEST FORM

DATE: _____
 YYYY MM DD

Please note that bookings are not final until confirmation is sent to you. Cancellations made without 24-hours notice may be subject to a cancellation fee.

CLIENT INFORMATION

BILLING CONTACT INFORMATION

NAME		NAME	
DEPARTMENT OR ORGANIZATION		DEPARTMENT OR ORGANIZATION	
TELEPHONE NUMBER	FAX	TELEPHONE NUMBER	FAX
EMAIL ADDRESS		EMAIL ADDRESS	
ADDRESS		ADDRESS	
CITY	PROVINCE/STATE	CITY	PROVINCE/STATE
COUNTRY	POSTAL/ZIP CODE	COUNTRY	POSTAL/ZIP CODE

BILLING INFORMATION (PLEASE NOTE: BILLING IS DONE THROUGH USOURCE)

UOFT FIS (INTERNAL) **EXTERNAL BILLING**

Fund Centre	OR	Fund	Cost Centre	OR	Int. Order #	uSOURCE Purchasing Group

WORK REQUEST 1

DATE & TIME REQUIRED *	LOCATION	WORK REQUIRED
(book 30 mins to 1 hr setup and breakdown) (MM/DD/YY)	BUILDING	<input type="checkbox"/> EVENT VIDEOGRAPHY <input type="checkbox"/> LIVE WEBCAST <input type="checkbox"/> AUDIO SUPPORT <input type="checkbox"/> HIGH-END VIDEO PROJECT <input type="checkbox"/> VIDEO CONFERENCE
START TIME	STREET ADDRESS	TYPE OF RECORDING <input type="checkbox"/> LECTURE <input type="checkbox"/> CONFERENCE <input type="checkbox"/> INTERVIEW <input type="checkbox"/> PANEL DISCUSSION <input type="checkbox"/> DEMONSTRATION POWERPOINT PRESENTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
END TIME	ROOM NUMBER	

SPECIAL INSTRUCTIONS
 (*if multiple dates required, list here)

WORK REQUEST 2

DATE & TIME REQUIRED	LOCATION	WORK REQUIRED
(MM/DD/YY)	BUILDING	<input type="checkbox"/> EVENT VIDEOGRAPHY <input type="checkbox"/> LIVE WEBCAST <input type="checkbox"/> AUDIO SUPPORT <input type="checkbox"/> HIGH-END VIDEO PROJECT <input type="checkbox"/> VIDEO CONFERENCE
<input type="checkbox"/> INTERVIEW	STREET ADDRESS	TYPE OF RECORDING <input type="checkbox"/> LECTURE <input type="checkbox"/> CONFERENCE <input type="checkbox"/> INTERVIEW <input type="checkbox"/> PANEL DISCUSSION <input type="checkbox"/> DEMONSTRATION POWERPOINT PRESENTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
END TIME	ROOM NUMBER	

SPECIAL INSTRUCTIONS