



INFORMATION COMMONS MEDIA PRODUCTION

130 St. George Street, 1st Floor, University of Toronto, Toronto, Ontario M5S 3H1

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WORK REQUEST FORM

CLIENT INFORMATION		BILLING CONTACT INFORMATION <input type="checkbox"/> SAME AS CLIENT INFORMATION	
NAME		NAME	
DEPARTMENT OR ORGANIZATION		DEPARTMENT OR ORGANIZATION	
PHONE	FAX	PHONE	FAX
EMAIL		EMAIL	
ADDRESS		ADDRESS	
CITY	PROVINCE/STATE	CITY	PROVINCE/STATE
COUNTRY	POSTAL/ZIP CODE	COUNTRY	POSTAL/ZIP CODE

Billing Information

TYPE	<input type="checkbox"/> UofT FIS	<input type="checkbox"/> Invoice					
Cost Centre	-OR-	Int. Order #	Fund Centre	-OR-	Fund	COMMITMENT ITEM	GENERAL LEDGER

Work Request 1

Date Required (mm/dd/yy): _____ Start Time: _____ End Time: _____

Building: _____ Street Address: _____ Room #: _____

Work Required: Videotape Live Webcast Audio Support Post-Event Webcast

Copies from Master Tapes: DVD Qty _____ VHS Qty _____

Special Instructions: _____

Work Request 2

Date Required (mm/dd/yy): _____ Start Time: _____ End Time: _____

Building: _____ Street Address: _____ Room #: _____

Work Required: Videotape Live Webcast Audio Support Post-Event Webcast

Copies from Master Tapes: DVD Qty _____ VHS Qty _____

Special Instructions: _____

Office use only. Date & Time Submitted: _____