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			
Date(s) required:	n classroom by class time (3 business	days notice required, not including week From:AM/PM To: Room:	AM/PM
Delivery date:	red to and picked up from a campus of	Pickup Date:	
3. Equipment may be picked up from and returned to IMS by Patron.			
EQUIPMENT REQUESTED			
 Keys, Room # Color Monitor VHS Player DVD Player Camcorder Tripod Other Please provide bla 	Portable PC Portable MAC G3 Digital Camera Cassette Player/Reco	Overhead Projector 16mm Projector Speakers Microphone Amplifier	
FILM/VIDEO REQUESTED			
Catalog #	Title		Date of Class