

Name _____ Extension _____ Email _____

Division/Section _____ Name of Project _____

Date Requested _____ Time Request _____ Order Taken By _____ Date Needed _____ Time Needed _____

Authorizing Signature _____ Recharge ID _____

P.I. Div. Chair Div./ Sec. Administrator Other Unit/ Clinic C.E. Outside Unit _____

PROJECT TYPE	DESCRIPTION	ESTIMATED CHARGE

PLEASE NOTE THAT ALL PROOFS WILL BE SUBJECT TO CHARGES

Check box if you want a proof I waive my proof and understand I will be charged for all copies.

Customer Signature _____
Proof Due on: _____
Proof Completed on: _____

Estimated Costs _____ (Excludes rush turnaround)

See back for price list. Please note, this is only an estimate. A final total will be presented when final project is delivered/picked-up. See back for price list. Thank you.

I understand and agree to pay the cost for the requested Media Center services. _____

CUSTOMER PICK-UP SIGNATURE

Customer Pick Up _____ **Date** _____

Total Costs _____

