



Audiovisual Services Equipment Delivery

Phone: (813) 974-2380
Fax: (813) 974-2653
Mail Code: SVC 1072
Office Location: SVC 0061

[Price List](#)

(Please complete this form and fax with signature to 974-2653)*

Instructor's Name: _____ Phone #: _____

E-Mail: _____ Course #: _____

Department/Organization: _____ College: _____

Time Class Begins: _____ Time Class Ends: _____

Classroom Location: _____

Dates Needed: _____

Comments: _____

<input type="checkbox"/> Data Projector	<input type="checkbox"/> Document Camera
<input type="checkbox"/> Laptop	<input type="checkbox"/> Boombox
<input type="checkbox"/> Floppy Drive	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Multimedia Speakers	_____
<input type="checkbox"/> DVD Player <input type="checkbox"/> VCR	

**** All equipment delivery requests are confirmed via e-mail.***

Deliveries may be delayed due to hazardous weather conditions.

I, the undersigned, accept responsibility for this equipment's care and proper use, and will assume liability if items are lost, stolen, or damaged.

Instructor's Signature: _____ Date: _____