

SOUND AND AUDIO VISUAL WORK ORDER REQUEST

Section A : Information on Requested Work

Date Requested _____ Requested By _____

Staff Member/Lay Person Responsible _____ Phone No. _____

Account Number to Charge _____

Date of Event _____ Time _____

Type of Meeting/Event _____

Areas to Be Used _____

Sound Needed:
(Include Number of Microphones and Stands Needed)

Audio Visual Needed:

Other Needs/Comments:

(PLEASE ATTACH ANY OTHER PERTINENT INFORMATION)

Section B : Administration Use Only

Date Received _____ By _____

Assigned To _____

Calculation of Charges _____

Comments _____
