SERVICE REQUEST FORM

Client:_______________________________ HB:_________ Phone No:_____________

Dept:_________________ Account No:_________ ________ ________ ________ ________

Course No:_________ Date Received:_________ Date Needed by:_________

Received By:Staff Name________ Copyrighted Media? Yes Copyright Permission Attached or No

Media will not be accepted until the actual tape or disc received is labeled.

Will the materials requested be used directly in the classroom for teaching purposes or for class presentation this term? Yes or No (If Yes Please sign)________________________

All materials are billed according to the Price List, posted in the Center. All non-classroom media is subject to charges of $30.00 per hour (in half hour increments) of actual time taken to perform task plus the cost of Materials or Flat Rate of $8.00 per copy (Non – Archive: CD->CD, VHS->VHS, DVD->DVD, Cassette -> Cassette (No Archive Media under flat rate, No edits, clips, excerpt tapes, track insertion, just straight duplication/transfers from start to finish in SP mode only.) If you need help filling out this form or you have questions, please ask a Jones Media Center Staff person for help.

Note for Media Labels: If you would like any text printed or Photo on DVD or CD label, please indicate this in the label note section and fill in the template on the back of this form. Send all photos (JPEG ONLY) via e-mail to Jones Media Center Technical Service (JMTS).

Item #1 (Please label Master Tape or Disc w/ Total Run Time) CD and DVD labels use templates on the back of this form. Print Clearly

Title:_____________________________ TRT:___ Call No._________

Source Media Type:_____________ (SP,EP or LP) Destination Media Type:_____________

Quantity:_________ Label Notes: (Print Clearly)

Item #2 (Please label Master Tape or Disc w/ Total Run Time) CD and DVD labels use templates on the back of this form. Print Clearly

Title:_____________________________ TRT:___ Call No._________

Source Media Type:_____________ (SP,EP or LP) Destination Media Type:_____________

Quantity:_________ Label Notes: (Print Clearly)

CHARGES

Materials__________________________ @ $_______ = $_________

Materials__________________________ @ $_______ = $_________

Operator__________________________ @ $_______ = $_________

Quoted Price: $_______ Description of Services Quoted:_________________________ By:_______ Total = $_________

Operator:__________________________ Date:_________

Picked Up By_______________________ Date:_________

PAID Date:_________ CK#_____

Account, Cash, Da$h, Visa/ Master Card