FROSTBURG STATE UNIVERSITY

Multimedia Production Request Form

ACIT | OFFICE OF ACADEMIC COMPUTING & INSTRUCTIONAL TECHNOLOGIES

Your Name: _____ **Date Submitted:** _____

Department: _____ **Date Required:** _____

Telephone: _____ **Department ID:** _____

What you need: _____

- ☐ Laminating
- ☐ Mounting
- ☐ Poster Design
- ☐ Digital Prints:
- ☐ Audio Duplication
- ☐ Video Duplication
- ☐ Video Taping:
- ☐ Video Editing:
- ☐ PowerPoint
- ☐ Web Graphics
- ☐ Photo retouching
- ☐ Other _____

☐ **Old Media to New Media Transfer:**

(old)	*(new)*
☐ Slides	☐ DVD
☐ VHS	☐ CD
☐ Cassette	☐ Web ready
☐ Photo	☐ _____

Instructions: _____

_____

☐ **Check this box for personal work (which will be charged and billed through University & Student Billing)**

Personal Billing Address: _____

---------- **For Office Use Only** ----------

Special Requirements or Resources Needed: _____

Project Supervison _____ **Project Assistant** _____

Materials Used: _____

Completion Date: _____ **Billing Details** _____

Description	Unit Cost	Qty	Subtotal

Total Cost: _____

Signature (on pickup): _____ **Date** _____