

ENGINEERING SERVICES REQUEST FORM

**MEDIA ENGINEERING
TELEVISION & VIDEO SERVICES
CUYAHOGA COMMUNITY COLLEGE**

JOB # _____

DATE SUBMITTED: _____

REQUESTOR: _____

CAMPUS PHONE: _____

REQUESTOR OFFICE: _____

CAMPUS: _____

ORG NUMBER (FOR DATA ACCOUNTING USE ONLY) _____

REQUEST TYPE (PLEASE CIRCLE):

REPAIR DESIGN & DEVELOP RESEARCH INSTALL OTHER

IF OTHER, PLEASE SPECIFY: _____

MFG _____ **MODEL** _____ **TAG OR SN** _____

DESCRIPTION OF SERVICES REQUESTED: _____

IF PART OF A DESIGN/DEVELOPMENT, RESEARCH, OR INSTALLATION SERVICE, PLEASE INCLUDE SUPPORT DOCUMENTATION, SHIPPING TICKETS, OR VENDOR CONTACT INFORMATION.

REQUESTED COMPLETION DATE: _____

SPACE FOR ADDITIONAL INFORMATION IF NEEDED: _____

FOR ENGINEERING USE:

MGR CHECK _____

LEAD TECH: _____
