



RESERVATION REQUEST

Date of Request _____ Extension/Phone Number _____

Requested by _____ Dept/Division _____
Print

All equipment and/or media must be picked up and returned by the user. The user will acknowledge receipt of the requested equipment and/or media at the time it is picked up. It is understood that, although unusual, if the equipment and/or media is needed on an emergency basis during the loan period, IMC staff will retrieve the needed item.

Reservation Details

Day _____ Date _____ Time: From _____ to _____

Room # where item will be used _____

| <i>Equipment</i> | <i>AVC Number</i> | <i>Equipment</i> | <i>AVC Number</i> |
|-------------------------------------|-------------------|--|-------------------|
| <input type="checkbox"/> Smart Cart | _____ | <input type="checkbox"/> LCD | _____ |
| <input type="checkbox"/> PC Laptop | _____ | <input type="checkbox"/> Portable Screen | _____ |
| <input type="checkbox"/> Mac Laptop | _____ | <input type="checkbox"/> Cassette Recorder | _____ |
| <input type="checkbox"/> VCR | _____ | <input type="checkbox"/> DVD Player | _____ |
| <input type="checkbox"/> Television | _____ | <input type="checkbox"/> Other _____ | _____ |

| <i>Media Title</i> | <i>Accession Number</i> |
|--------------------|-------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Signature of Requester

For Office Use Only

Fax 661.722-6452

661.722-6451