FORM CD-11 (10-86) LF DOO 15-3				U.S. DEPARTMENT	OF COMMERCE E	. REQUISITION	NUMBER	
REQUEST FOR AUDIO VISUAL SERVICES						F. DATE SUBMITTED		
A. BUREAU	B. ORIGINATING OFFICE	C. PERSON TO CONTACT		D. PHONE NUMBE	R	G. DATE REQUESTED		
H. TITLE OR DESCRIPTION OF JOB				1	TIME NEEDEL)		
						TO:		
REQUEST F	OR EQUIPMENT (Ch	neck all that ap	oly):					
Room								
Video ta	ape player and monitor							
	3/4" U-Matic	1/2" VHS						
Overhead projector Slide projector Opaque projecto								
16mm Motion picture projector Projection scree					ection screen			
Audio tape recorder Microphone(s) (If so, how many)	
Other							_	
OPERATORS NEEDED? Yes No								
REQUEST FOR PRODUCTION (Check all that apply):								
Video taping Audio taping								
Video editing Audio editing								
Video duplicating Audio duplicating								
LENGTH OF FINAL PRODUCTION ——————————— NUMBER OF COPIES					OF COPIES			
LOCATION OF TAPING: Studio (Room 5407) Other ———								
ADDITIONAL INFORMATION			ATION NUI	MBER				
		BUREAU CO	OST ESTIN	ИАТE		AV.		
		REVIS ESTIMA	ED TE	BUREAU APPROVAL	AV. INITIAL/DATE			
			This work is necessary to the conduct of business of this office. I certify that sufficient funds were allotted for this obligation and are available for this purpose. ORIGINATING OFFICE (SIGNATURE)					
			ORIGINATING OFFICE (SIGNATURE)					
			PERSON MAKING THIS REQUEST			INCOMING DATE	REQ. DESK INITIALS	CLOSE OUT DATE
	BUDGET O	BUDGET OFFICER (SIGNATURE)						