

REQUISITION AND VOUCHER DIVISION OF EDUCATIONAL SERVICES (DES)

For best results download form and fill out using Adobe Acrobat. (Click the download button in the top right corner of Box.com.)

	Date In	Date Due	Date Out	Completed By	Requisition #
<i>Please leave shaded areas blank (for DES use)</i>					
Requester Name	Requesting Department	Phone	Pager #/Cell #	E-mail address	Contact if other than requester

Please check ONE box to identify the PURPOSE of the work:

- M1 ___Instruction ___Other
- M2 ___Instruction ___Other
- M3 ___Instruction ___Other
- M4 ___Instruction ___Other
- Administration
- Clinical/Patient Care
- College of Nursing
- Community Relations
- Faculty Development
- IRB
- Library of the Health Sciences
- Non-UICOMP Project
- Research
- Residencies/Fellows
- Staff Development
- Other _____

GRAPHICS/PHOTOGRAPHY

- ___ Ads
- ___ Business/Appointment Cards
- ___ Brochures
- ___ CD/DVD Duplication
- ___ Certificates
- ___ Charts/Graphs/Figures
- ___ Color Prints
- ___ Displays
- ___ Electronic Art/Logo
- ___ Flyers
- ___ Forms
- ___ Invitations/Announcements
- ___ Illustrations
- ___ Lamination
- ___ Letterhead/Envelopes
- ___ Logo Design
- ___ Name Tents/Table Tents
- ___ Newsletters
- ___ Note Pads/Memo Pads
- ___ Photo Composites
- ___ Plaques/Name Plates
- ___ Podium Sign w/UICOMP Logo
- ___ Portrait Photography/Head Shot
- ___ Situation/Event Photography
- ___ Posters
- ___ PowerPoint Presentations
- ___ Programs
- ___ Save the Date Cards
- ___ Scanning (hard copy to jpg)
- ___ Signs
- ___ Slide Scanning
- ___ Videotaping/Download to CD
- ___ Web Site Updates
- ___ Other _____

AUDIOVISUAL

- ___ Audio Tape Recorder Room _____
- ___ Audio Digital Recorder Room _____
- ___ Camcorder w/Tripod Room _____
- ___ Clicker/Pointer/Presenter Room _____
- ___ Computer Speakers Room _____
- ___ DVD/VCR Room _____
- ___ Flip Chart/Paper/Markers Room _____
- ___ Easel Stand _____ (#) Room _____
- ___ Extension Cord Room _____
- ___ LCD Projector Room _____
- ___ Lap Top Room _____
- ___ Magnetic Sign Stand Room _____
- ___ Microphone (lapel) Room _____
- ___ Microphone (stand) Room _____
- ___ Overhead Projector Room _____
- ___ PA System (2 speakers) Room _____
- ___ Projection Screen (portable) Room _____
- ___ TV/VCR/DVD Room _____
- ___ White board/markers Room _____

Special instructions: _____

Department/Program to be billed _____

CFOAP _____

Account title _____

choose account code from right or leave blank

Payment to:

153900 Graphics/Photography/Videotaping

143600 AV Equipment loan/setup

RUSH Charge _____

Materials _____

Labor _____

Equipment _____

Total _____

Write off (ex: -20) _____

FINAL CHARGE \$ _____