AUDIO VISUAL EQUIPMENT EXTENDED AGREEMENT

ALL INFORMATION MUST BE PROVIDED

TODAYS DATE:_____

I agree to take Full Responsibility for the equipment requested.

FROM: _____/_____/_____ TIME: _____ AM / PM

UNTIL: _____/_____/_____ TIME: _____ AM / PM

_____ ON CAMPUS _____ OFF CAMPUS

BUDGET NUMBER: _____

PRINT NAME: _____

SIGNATURE: _____

NOTES:

_____

_____

_____

_____

AVS STAFF INITIALS: _____