

CENTRAL PHILIPPINE UNIVERSITY
ILOILO CITY PHILIPPINES
EDUCATIONAL MEDIA CENTER

Date: _____

A. REQUISITION FOR USE OF AV EQUIPMENT (Non-Academic Use)

Dept./Unit/College/Organization/Group: _____
Activity/Purpose: _____
Place of Use: _____ Date: _____ Time: _____

B. REQUISITION FOR THE USE OF AV EQUIPMENT (Academic Use)

Dept./Unit/College/Organization/Group: _____
Activity/Purpose: _____
Subject: _____ No. Of Students: _____ Title & Format: _____
Place of Use: _____ Date: _____ Time: _____

Please indicate equipment/service needed:

Sound Reinforcement System (Public Address System) Projection Screen LCD/DLP Projector Audio Recording LED Video Wall
Others : _____ (Specify)

No. of microphone needed: _____
Disc/Data Player: _____

Requested by: _____ Endorsed by: _____
_____ Tel./ Mobile _____
(Printed Name & Signature) (Printed Name & Signature of Teacher/Adviser/Unit Head)

Charges: _____ Use of AV Facilities: _____ Charge to: _____
Cash Payment: O.R. No. _____ Funds Available: _____
(Budget Officer)

Approval: _____ **Availability of Equipment:** _____
Office of the President EMC Coordinator

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