

AV Equipment & Services Request Form

USF St. Petersburg Campus Interdepartmental Billing



INSTRUCTIONS

Complete this form to request non-instructional AV Support Services from Campus Computing on the USF St. Petersburg campus. Submit this form by emailing it to stp-av@usf.edu (this will automatically create a support ticket on your behalf). Our AV Services team will contact the requestor through the ticket system to schedule work. Upon completion of services, your department will be charged via interdepartmental billing. Please see our website for billing rates.

CONTACT INFORMATION

Full Name:		Phone:	
Email:		Building & Room #:	
Approver Name*:		Department:	
Date of Request:		Due Date:	

*Approver must be an authorized signer of the chartfield provided below.

Approver Signature: _____ Date Signed: _____

FAST Chart Field Information

Op. Unit	Department	Fund	Product	Initiative	Project

AV SERVICE REQUEST TYPE

- AV Installation Services.** Installation of AV equipment in conference rooms, offices, and meeting spaces. Please include information about location of installation, equipment to be installed, mounting and placement requirements, and integration with existing AV system (if applicable) below.
- AV Tech Support Services.** Support for existing AV equipment in conference rooms, offices, and meeting spaces. Please describe support needed, dates and times, and location for technology support services below.
- Event Support Services.** Support for events held in classrooms, conference rooms, and meeting spaces. Please include event title, date of event, start and end times, event location, and expected number of attendees below.
- AV Project Management Services.** Request a project manager to design and oversee an AV project. Please briefly describe AV design requirements, room dimensions and layout, equipment specifications (if known), and any known integrations with existing AV infrastructure required below.
- Digital Signage Services.** Installation of new digital signage system or replacement of existing system. Please include location of installation, mounting and placement requirements, and existing equipment information below.
- Other.**

AV SERVICE REQUEST DETAILS

Billing and Processing Information (to be completed by Campus Computing AV Services)

Recurring Charge

Date Completed	Work Completed By	Total License Costs	Hourly Rate	Total Hours	Total Due
		\$	\$		\$