| AUDIO VISUAL EQUIPMENT AND SERVICE REQUEST FORM            |   |     | No.  |       |
|--|---|-----|--|-------|
|  | AUDIO VISUAL EQUIPMENT AND SERVICE REQUEST FORM |     | L31 FORM   | Date: |
|  | Multimedia Projector                            |     | Projector Screen                                 |       |
|  | Speaker/s                                       |     | Adaptor/Connector                                |       |
|  | Microphone/s                                    |     | Others please specify:                           |       |
| SUBJECT/PURPOSE:   |   |     |  |       |
| ROOM/VENUE:  |   | DUR | URATION: (DATE/TIME OF USE)                      |       |
| REQUESTED BY:  SIGNATURE OVER PRINTED NAME/ CONTACT NUMBER |   |     |  |       |
| TASK ASSIGNMENT:  SIGNATURE OVER PRINTED NAME              |   |     |  |       |
| RECOMMENDED: APPROVED:                                     |   |     |  |       |
| ERICKSON R. OCAMPO Supervisor                              |   |     | ATTY. GABRIEL P. DELA PEÑA<br>Executive Director |       |