

Liberal Arts Instructional Technology Services
Audio Request

Name: _____ Date: _____

Phone: _____ Department: _____

E-mail: _____

Program Title: _____

Work Request (example: Convert cassette tapes to CD):

Original Media (example: 4 cassette tapes):

Work Performed (filled in by LAITS):

Charges (filled in by LAITS):

IDT Payment Authorization

Account Number: _____

Signature: _____ Date: _____