

# REQUISITION AND VOUCHER

# MEDIA SERVICES

For best results download form and fill out using Adobe Acrobat. Once completed, save and email form to [kdeets@uic.edu](mailto:kdeets@uic.edu).

Please leave shaded areas blank

Date In	Date Due	Date Out	Completed By	Requisition #
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Requester Name	Requesting Department	Phone	Pager #/Cell #	E-mail address	Contact if other than requester
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Please check ONE box to identify the PURPOSE of the work:

- M1 Instruction Other
- M2 Instruction Other
- M3 Instruction Other
- M4 Instruction Other
- Administration
- Clinical/Patient Care
- College of Nursing
- Community Relations
- Faculty Development
- IRB
- Library of the Health Sciences
- Non-UICOMP Project
- Research
- Residencies/Fellows
- Staff Development
- Other \_\_\_\_\_

### GRAPHICS/PHOTOGRAPHY

- Ads
- Business/Appointment Cards
- Brochures
- Certificates
- Charts/Graphs/Figures
- Displays
- Electronic Art/Logo
- Flyers
- Forms
- Invitations/Announcements
- Illustrations
- Letterhead/Envelopes
- Logo Design
- Name Tents/Table Tents
- Newsletters
- Note Pads/Memo Pads
- Photo Composites
- Plaques/Name Plates
- Portrait Photography/Head Shot
- Situation/Event Photography
- Posters
- PowerPoint Presentations
- Programs
- Save the Date Cards
- Signs
- Social Media
- Video Recording/Editing
- Other \_\_\_\_\_

Special Instructions:

Department/Program to be billed \_\_\_\_\_

CFOAPAL: \_\_\_\_\_ 153900 \_\_\_\_\_ optional optional  
 Chart Fund Organization Account Program Activity Location

RUSH Charge \_\_\_\_\_  
 Materials \_\_\_\_\_  
 Labor \_\_\_\_\_  
 Total \_\_\_\_\_  
 Write off \_\_\_\_\_  
 FINAL CHARGE \$ \_\_\_\_\_