

# Authorization for Services

**DIVISION OF MEDIA SERVICES**  
Northern Illinois University

Type of Service			
Art		Television	
Photography		Technical Services	

REQUESTING DEPT. \_\_\_\_\_

DEPT. PHONE \_\_\_\_\_

REQUESTED BY \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_

ACCOUNT NAME \_\_\_\_\_

APPROVED \_\_\_\_\_

Date \_\_\_\_\_

Chairperson/Fund Advisor

DESCRIPTION OF SERVICE OR ITEM	Cost to requesting dept.
Cost	
Estimated cost	

Media Services Accounting

Received by \_\_\_\_\_