

July 2009

This form may be found online at <http://www.umflint.edu/its/services/forms/duplication.pdf>

**Instructions:** This form was designed for UM-Flint Faculty, Staff, and Student Organizations who would like university-related CD or DVD projects to be duplicated. Please complete this form and return it to ITS, 207 MSB, for processing. Duplication policies and a cost calculator are available online at <http://www.umflint.edu/its/services/duplication.htm>.

**This request is for** (check one):

**Date Needed:** \_\_\_\_\_

Video Transfer to DVD       MiniDV       VHS

Number of DVD Copies needed: \_\_\_\_\_

Cost of \$1.50 each \$ \_\_\_\_\_

Cost \$20/50 Session Charge \$ \_\_\_\_\_

Duplication

Number of CD Copies needed: \_\_\_\_\_

Cost of \$1.00 each plus \$10/50 Session Charge \$ \_\_\_\_\_

Cost \$10/50 Session Charge \$ \_\_\_\_\_

Number of DVD Copies needed: \_\_\_\_\_

Cost \$20/50 Session Charge \$ \_\_\_\_\_

Cost of \$1.50 each plus \$20/50 Session Charge \$ \_\_\_\_\_

Additional Options

Label Printing (Customer Designed)

Cost to be quoted by ITS \$ \_\_\_\_\_

Jewel Cases Amount \_\_\_\_\_

Cost \$0.25 each \$ \_\_\_\_\_

**Total Charge:** \_\_\_\_\_

**Method of Payment:**  Cash    Check    Credit Card (call ITS at 810.762.3123)    Chartfields (see below)

**Department or Organization requesting service:** \_\_\_\_\_

Person authorizing services:

Name: \_\_\_\_\_ Campus phone: \_\_\_\_\_

(please print)

Check one:  faculty    staff    student organization    other \_\_\_\_\_

By signing below, the party identified above agrees to comply with all applicable regulations regarding copyrighted media in accordance with policies (on second page of this form) of the University of Michigan-Flint.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

**If applicable, Chartfields to be charged:** Shortcode: \_\_\_\_\_

Fund \_\_\_\_\_ Dept.ID \_\_\_\_\_ Program \_\_\_\_\_ Sub-Class \_\_\_\_\_ Project/Grant \_\_\_\_\_

**If applicable (requests for duplication of over 100 disks), name and signature of the head of this unit:**

\_\_\_\_\_  
(name - please print)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

**ITS OFFICE USE ONLY**

Approved  Denied  (100+disk request)

Date Processed: \_\_\_\_\_

Processed by: \_\_\_\_\_

Completed  Delivery Date \_\_\_\_\_ Delivered by: \_\_\_\_\_

Comments: \_\_\_\_\_