



**TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER,
EL PASO**

Media Event Request Form

DEPARTMENT: _____

DESCRIPTION OF EVENT: _____

DATE/TIME OF EVENT: _____

LOCATION: _____

DEPARTMENT FUND MANAGER: _____

REQUESTOR: _____

FOP: _____

ESTIMATED TOTAL HOURS: _____

FUND MANAGER (PRINT)

FUND MANAGER SIGNATURE

Please note we include travel to and from the event. We also include setup time prior to the event and pickup of equipment at the end of the event. Therefore the hours and pay will be estimated accordingly. A representative from IT will contact the department to confirm that they accept the estimate. Upon confirmation IT will accept and book the reservation. Once the services are rendered a final invoice will be sent to the department. Event organizers are encouraged to do a walk through and or test run 3 days prior to the event at which point change requests will be considered for accommodation.