



Hire of AV equipment

ref. no.

4th Floor Hunter Wing, Cranmer Terrace, London SW17 0RE
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 www.sghms.ac.uk/depts/accserv/index.html

Name: Tel. No./bleep

Department/Unit:

Date in: Time: Email:

Charge details:	
Medical School Code:	Invoice details:
St George's NHS Trust Code:
Cheque/Cash:
Authorised signature:
	Accepted by:

Equipment details	Time period	Unit cost	Total
Data projector <input type="checkbox"/>			
Data projector and computer <input type="checkbox"/>			
35 mm Slide projector <input type="checkbox"/>			
Television and video (TVR) <input type="checkbox"/>			
Over head projector (OHP) <input type="checkbox"/>			
Audio cassette recorder <input type="checkbox"/>			
Flipchart <input type="checkbox"/>			
Camcorder with tripod <input type="checkbox"/>			
Other			
(For office use only) Total £			

Date and time required Date and time to be returned

Customer will collect and return AV Staff to deliver Location:

- I accept that I am responsible for the security of the above equipment until it is returned to Media Services.
- I understand that the equipment is in high demand by other users, and agree to return it by the time and date stated
- I realise that failure to do so, may compromise my future use and incur additional costs

Signature: Print Name:

Date and time equipment returned Signature of Media Service staff