



THE UNIVERSITY OF  
**WINNIPEG**

THEATRE AND FILM

## Departmental Service / Materials Request

Today's Date:	Name of Requestor:
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Room Number (if applicable):
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Item(s) Description:	Description of Request / Problem: (include <b>date required</b> by if applicable)

Special Instructions:
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**PLEASE ALLOW FOR A MINIMUM OF 5 WORKING DAYS ON ALL REQUESTS**

For Staff Use Only	
Date received:	Item Addressed by:
Status:	Date of Completion:
Other Notes:	