

Central College Library Audio-Visual Purchase Request Form

Name: _____ Date: _____

Department: _____

Title Requested: _____

Author/Director/Performer: _____

ISBN/ASIN/Catalog Number: _____

Format: _____ Purchase Price: _____

Please attach any information you have describing this title (i.e. catalog).

Supplier: _____

Phone or URL: _____

Address: _____

Could this item be categorized as "general interest"? Yes / No

Have you previewed this item? Yes / No

Do you plan on using this item in classes? If so, which? _____

What courses or curricular areas does this item support? _____

Estimated students viewing per year: _____

Department Chairperson Approval _____ Date _____

RETURN THIS FORM TO **RACHEL FLEMING, LIBRARY ACQUISITIONS Box 6500**

OFFICE USE ONLY

Request Received: _____

AV Budget Allocated: _____ Spent to date: _____

Purchase: approved _____ denied _____ hold _____

Date ordered: _____ P.O. # _____ Date received: _____