

SHARK LENS Phone: (954) 262-2602 Email: sharklens@nova.edu

PHOTOGRAPHY REQUEST FORM SHARK LENS

Name of Organization:						
Cont	tact Name:		Title:			
Cont	tact Email:		Phone:			
SERVICE REQUEST						
✓	SERVICES	COST PER UNIT	NO. REQUESTED	TOTAL (\$)		
	Headshots	\$5 (one)	(no. of person)			
	Event Covering	\$20 per hour	(How long)			
		How many images?	(Approximated No.)			
		What type of photos are you looking for? For example: scenery, group shots, etc.	(Details)			
		Date of Service				
		Time:	☐ AM (morning) ☐ PM (afternoon)			
		Location: Please provide address, building name, room no., etc. (Details)	Start:End: Our Studio (No charge) On Fort Lauderdale-Davie Campus (No charge) Off-Campus (\$20 charge) plus any applicable cost of transportation (Location Details)			
			GRAND TOTAL	\$		

METHOD OF PAYMENT

Internal Transfer (Student Activtiy Fee Accounts— Student Organi- zation Budget)	I, authorize the NSU Shark Lens to charge for this service via a fund transfer/journal entry transaction from my organization budet. Name of the student organization:			
Internal Transfer (Department)	I,authorize the NSU Shark Lens to charge for this service via a fund transfer/journal entry transaction from my organization or my department's account as the name shown above. Department Budget Acct: -3 3 8 0			
Check	Please make payable to Nova Southeastern University Check No	Amount (if different from Grand Total):		
Cash (receipt will be given upon receipt of cash)	Bank note counts: \$100\$50\$20 \$10\$5\$1	Amount (if different from Grand Total):		
	Signature of authorized account manager:			
Full name:				

Please submit completed form to sharklens@nova.edu

FOR OFFICE TO COMPLETE ONLY

Date Received:	Confirmation sent on:	
Total Cost:	\$ Confirmation Number:	

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