

**University of North Dakota Television Center
Project Request and Billing Authorization Form
(ALUMNI ASSOCIATION PROJECTS ONLY)**

Please complete Sections *A, B, D,* and *E.*
The completed form should be sent to the Television Center, Box 7307
701-777-4346, Fax 701-777-4342

Section A			
Name			
Date			
Dept Name	Alumni Association	Box #	8157
Project Deadline			
Phone			

Section B			Section C	
Authorization for Billing			For Television Center Use Only	
Project #	Event Code	Fiscal Year	Project Number	
			Date Received	
			Approved By	

Section D			
Client Signature		Date	
Please sign and date in ink. Your signature authorizes the Television Center to bill the account number(s) listed above for services.			

Section E
Project Description: Describe the project in detail below. Use attachments if necessary. Please indicate how many copies of your final product are needed.

ROUTING: _____ BB _____ ML _____ LS (Return Approved ORIGINAL to Lori)