

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

## PHOTOGRAPHY REQUEST FORM SHARK LENS

Name of Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### SERVICE REQUEST

✓	SERVICES	COST PER UNIT	NO. REQUESTED	TOTAL (\$)
<input type="checkbox"/>	Head shots	\$2 (one)	(no. of person)	
<input type="checkbox"/>	Event Covering	\$15 per hour	(How long)	
		How many images?	(Approximated No.)	
		What type of photos are you looking for?  For example: scenery, group shots, etc.	(Details)	
		<b>Date of Service</b>		
		<b>Time:</b>	<input type="checkbox"/> AM (morning) <input type="checkbox"/> PM (afternoon) Start: _____ End: _____	
		<b>Location:</b> Please provide address, building name, room no., etc. (Details)	<input type="checkbox"/> Our Studio (No charge) <input type="checkbox"/> On Fort Lauderdale-Davie Campus (No charge) <input type="checkbox"/> Off-Campus (\$20 charge) <b>plus</b> any applicable cost of transportation	
			(Location Details)	
			<b>GRAND TOTAL</b>	\$

**METHOD OF PAYMENT**

<input type="checkbox"/>	Internal Transfer (Student Activity Fee Accounts—Student Organization Budget)	I, _____ authorize the NSU Shark Lens to charge for this service via a fund transfer/ journal entry transaction from my organization budget. Name of the student organization: _____
<input type="checkbox"/>	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: ____ - _____ - <b>3 3 8 0</b>
<input type="checkbox"/>	Check	Please make payable to <b>Nova Southeastern University</b> Check No. _____ Amount (if different from Grand Total):
<input type="checkbox"/>	Cash (receipt will be given upon receipt of cash)	Bank note counts: \$100 _____ \$50 _____ \$20 _____ \$10 _____ \$5 _____ \$1 _____ Amount (if different from Grand Total):
	<b>Signature of authorized account manager:</b>	
Full name:		

Please submit completed form to [sharklens@nova.edu](mailto:sharklens@nova.edu)

**FOR OFFICE TO COMPLETE ONLY**

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