



Media Duplication Work Order

Please forward your request to **BECON Dubbing Services** by fax at 754-321-1180 or by pony

Date Requested:	Date Needed: Please Allow 3 Weeks for All Duplication Requests
Requested by:	Telephone #:
School/Department Name:	Dubbing Code #: <i>(office use only)</i>
Series Title:	
Episode/Program Title:	
# Copies: _____ # Sent: _____ @ \$ _____ Each Total: \$ _____ Check #: _____	
In what tape format? <input type="checkbox"/> VHS <input type="checkbox"/> DVD-R <input type="checkbox"/> BETA SP <input type="checkbox"/> CD (data/music)	

Special Instructions

Budget Information

BOOKKEEPER						
COST CENTER	WBS ELEMENT	INTERNAL ORDER	FUND	FUNCTIONAL AREA	GRANT	AMOUNT

Principal/Director Print Name: _____

Principal/Director Signature: _____ Date: _____

Please refer to applicable Tape Duplication Fee located at www.becon.tv

Shipping cost will be added to the total bill amount when applicable.

Checks should be made payable to "The School Board of Broward County, Florida."

ALL BUDGET INFORMATION REQUIRED TO COMMENCE DUPLICATION

BECON Use Only

Issued to Engineering on: _____ (date) By: _____ (initials) Date Completed: _____ By: _____ (initials)