

<b>MULTIMEDIA WORK ORDER</b>						1. Work Order Number	2. Priority	3. Reimbursable		
7. Requestor (Last Name, First Name)			8. Grade	9. Telephone	4. Date/Time Received		5. Logged in by			
10. Organization		11. Office Symbol		12. E-mail Address		6. Projected Completion Date				
13. Classification		14. Classified by			15. Downgrade Schedule					
16. Support Required		<input type="checkbox"/>	Graphics	<input type="checkbox"/>	Photo	<input type="checkbox"/>	Video	<input type="checkbox"/>	Presentations	
		<input type="checkbox"/>	VTC/DL	<input type="checkbox"/>	Self Help	<input type="checkbox"/>	Other (Specify)			
17. Function Supported		<input type="checkbox"/>	Training	<input type="checkbox"/>	Recruiting	<input type="checkbox"/>	Public Information	<input type="checkbox"/>	Combat Readiness	
		<input type="checkbox"/>	Medical/Dental	<input type="checkbox"/>	Installation Support	<input type="checkbox"/>	Research, Development, Test Evaluation			
		<input type="checkbox"/>	Intelligence, Reconnaissance, Criminal Investigation			<input type="checkbox"/>	Other (Specify)			
18. Purpose and Justification (Describe who, what, when, where and how the product will be used.)										
19. Project Title			20. Date/Time Event			21. Location				
Description and Special Instructions										
16. Support Required		<input type="checkbox"/>	Return to Requester	<input type="checkbox"/>	Destroy	<input type="checkbox"/>	Retain			
24. I certify the products and services received from this request are for official government use only.										
Signature of Requestor						Date (YYYYMMDD)				
25. Customer Critique										
Customer Service (Please "X" one)	Poor			Average				Excellent		
	1	2	3	4	5	6	7	8	9	10
Response Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer Comments										
26. Acceptor Information										
27. Signature:				28. Acceptor (Last Name, First Name)				29. Grade		
30. Organization		31. Office Symbol		32. Telephone Number		33. Date/Time Accepted (YYYYMMDD)		34. Total Reimbursable Cost:		
								\$		

35. PHOTO							
Assignments	Studio	Copy	Location	Alert			
Number of Images							
Process	Roll	Sheet	Electronic				
Products Delivered	Prints	Proof Sheet	Accessioned	Total			
Electronic							
Manual							

36. VIDEO SERVICES							
Assignments	CAC	Duplication	Editing	Off-Air/Satellite	Recording	Standards Conversion	Total
Video Minutes							
Products Delivered	Raw Footage	Edited	Duplicated	Accessioned			
Quantity of Media							

37. GRAPHICS															
Products Delivered	2D/3D Art	Animation	Book Covers	Certificates	Charts	Multimedia Presentation	Name Plates	Posters	Pub Pages	Signs	Slides	Web Design	WSV	Assessioned	Other
Electronic															
Manual															

38. PRESENTATIONS AND VTC				
Tasks	Conference Set Up/Tear Down	Conference Facilitation	VTC Set Up/Tear Down	VTC Facilitation
Hours				

39. TASK AND MATERIALS							
Task Description	Performed By (Grade and Last Name)	Hours	Materials Used	Units	Cost Each	Cost Total	
Total Hours			Total Cost				

40. Products Delivered	41. QTY	Products Delivered	QTY

42. Quality Control			
Date/Time Completed	QC Performed by		

43. Customer Notification		
Date/Time Notified	Person Notified/Remarks	Notified by