

MULTIMEDIA WORK ORDER				1. Work Order No.	2. Priority	3. Reimbursable
7. Requester (Last Name, First Name)		8. Grade	9. Telephone No.	4. Date/Time Received (YYYYMMDD)		5. Logged in By
10. Organization	11. Office Symbol	12. E-mail Address		6. Projected Completion Date/Time		
13. Classification	14. Classified By			15. Downgrade Schedule		
16. Support Required	<input type="checkbox"/>	PHOTOS	<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"/>
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.) Why is the photo required and how will it be used?						
19. Project Title			20. Date/Time Event (YYYYMMDD)		21. Location	
22. Description and Special Instructions (Include coordination required, location, time/date, transportation, etc.) Please provide date and time photo is to be taken, location, and any other information that may be helpful to the photographer						
23. Disposition of Materials Furnished <input type="checkbox"/> Return to Requester <input type="checkbox"/> Destroy <input type="checkbox"/> Retain <input type="checkbox"/>						
24. I certify the products and services received from this request are for official government use only.						
Signature of Requester					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. ACCEPTER INFORMATION				
27. Signature		28. Acceptor (Last Name, First Name)		29. Grade
30. Organization		31. Office Symbol	32. Telephone No.	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. THIS SECTION NOT USED							
Assignments	CAC	Duplication	Editing	Off-Air/ Satellite	Recording	Standards Conversion	Total
Video Minutes							
Products Delivered	Raw Footage	Edited	Duplicated		Accessioned		
Quantity of Media							

37. THIS SECTION NOT USED															
Products Delivered	2D /3Art	Animation	Book Covers	Certificates	Charts	Multimedia Presentations	Name Plates	Posters	Pub Pages	Signs	Slides	Web Page Design	WSV	Accessioned	Other
Electronic															
Manual															

38. THIS SECTION NOT USED				
Tasks	Conference Set Up/Tear Down	Conference Facilitation	VTC Set Up/Tear Down	VTC Facilitation
Hours				

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

40. PRODUCTS DELIVERED	41. QTY	PRODUCTS DELIVERED	QTY

42. QUALITY CONTROL	
Date/Time Completed (YYYYMMDD)	QC Performed by (Grade and Last Name)

43. CUSTOMER NOTIFICATION		
Date/Time Notified (YYYYMMDD)	Person Notified/Remarks	Notified By (Grade & Last Name)