

# STUDIO

<b>MULTIMEDIA WORK ORDER</b>				1. Work Order No.	2. Priority	3. Reimbursable NO	
7. Requester (Last Name, First Name)		8. Grade	9. Telephone No.	4. Date/Time Received (YYYYMMDD)		5. Logged in By DMO	
10. Organization		11. Office Symbol	12. E-mail Address		6. Projected Completion SAME		
13. Classification UNCLASSIFIED		14. Classified By NA		15. Downgrade Schedule NA			
16. Support Required	Graphics	<input checked="" type="checkbox"/>	Photo	Video	Presentations		
	VTC/DL	<input type="checkbox"/>	Self Help	Other (Specify)			
17. Function Supported	Training	<input type="checkbox"/>	Recruiting	Public Information	Combat Readiness		
	Medical/Dental	<input checked="" type="checkbox"/>	Installation Support	Research, Development, Test & Evaluation			
	Intelligence, Reconnaissance, Criminal Investigation			Other (Specify)			
18. Purpose and Justification (Describe who, what, when, where and how the product will be used.) 1st Sergeant name and office number:							
19. Project Title Studio Session			20. Date/Time Event (YYYYMMDD)		21. Location STUDIO		
22. Description and Special Instructions (Include coordination required, location, time/date, transportation, etc.)  <b>Type:</b> Official Photo      Full Length      Passport      ISO Prep      Fitness Center <b>Print:</b> Digital      8x10      5x7      2x2      Other _____							
23. Disposition of Materials Furnished		<input checked="" 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 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										
Product Satisfaction										
Customer Service										
Customer Comments										

26. ACCEPTER INFORMATION					
27. Signature		28. Acceptor (Last Name, First Name)			29. Grade SAME
30. Organization SAME	31. Office Symbol SAME	32. Telephone No. SAME	33. Date/Time Accepted (YYYYMMDD) SAME	34. Total Reimbursable Cost NA	

35. PHOTO				
Assignments	Studio	Copy	Location	Alert
Number of Images				
Process	Roll	Sheet	Electronic	
Products Delivered	Prints	Proof Sheet	Accessioned	Total
Electronic				0
Manual				0

36. VIDEO SERVICES							
Assignments	CAC	Duplication	Editing	Off-Air/ Satellite	Recording	Standards Conversion	Total
Video Minutes							0
Products Delivered	Raw Footage	Edited	Duplicated	Accessioned			
Quantity of Media							

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

38. PRESENTATIONS AND VTC				
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
STUDIO						
ADMIN						
						\$0.00
Total Hours		0	Total Material Cost			\$0.00

40. PRODUCTS DELIVERED	41. QTY	PRODUCTS DELIVERED	QTY
E-COPY			

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

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