

# MULTIMEDIA PRODUCTION REQUEST

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Name \_\_\_\_\_ Due Date \_\_\_\_\_

Dept. \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

Received by \_\_\_\_\_ Date Received \_\_\_\_\_ Items Provided \_\_\_\_\_

Job Type:  Audio Dub                       Graphics-Digital     Photo-Digital         Video Dub  
 Audio Re'cd./Edit                       Graphics-Print         Photo-Copystand     Video Edit  
 Multimedia Production                       Graphics-Video         Photo-Location      Video Production

Computer \_\_\_\_\_ File Name \_\_\_\_\_

Instructions:

Materials/Itemized Cost:

ACCT.# \_\_\_\_\_  NoCharge

Paid/Date \_\_\_\_\_  Check # \_\_\_\_\_  Cash \$ \_\_\_\_\_

Hours of Labor \_\_\_\_\_ x Rate \$ \_\_\_\_\_ = \_\_\_\_\_

Other Charges \_\_\_\_\_

Date Completed \_\_\_\_\_ Notified by \_\_\_\_\_ Date \_\_\_\_\_

Received Signature/Date \_\_\_\_\_

Material \$ \_\_\_\_\_

Labor \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**TOTAL \$ \_\_\_\_\_**

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## INSTRUCTIONAL COMMUNICATIONS

### Nell Hodgson Woodruff School of Nursing

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