

REQUEST FOR VISUAL INFORMATION SERVICES			SECURITY CLASS		STANDARD AV WORK REQUEST NO. (SAVWRN)				
REQUESTING ACTIVITY			NAME OF REQUESTER		UIC		PHONE NUMBER		
DESCRIPTION OF AV SERVICES REQUIRED (<i>Attach diagrams, sketches, scripts, etc.</i>)					REQUESTED PRIORITY		DATE/TIME DUE		
					The material requested is hereby certified as being official work and essential to mission accomplishment.				
					SIGNATURE OF VI COORDINATOR				
					DATE SIGNED				
FILE LOCATION				ESTIMATED COMPLETION TIME		<input type="checkbox"/> Reimbursable			
WORK TO BE ACCOMPLISHED <input type="checkbox"/> In House <input type="checkbox"/> Contract <input type="checkbox"/> Mixed			IN HOUSE ROUTE TO: <input type="checkbox"/> Animation <input type="checkbox"/> Audio <input type="checkbox"/> Equipment Management <input type="checkbox"/> Fabrication/Modeling <input type="checkbox"/> Graphics <input type="checkbox"/> Photo <input type="checkbox"/> Video Productions <input type="checkbox"/> Video Services <input type="checkbox"/> VTC/VT						
FUNCTION SUPPORTED (<i>Check only one</i>)		<input type="checkbox"/> Education/Training <input type="checkbox"/> Public Info <input type="checkbox"/> Research/Development <input type="checkbox"/> Installation Base Support		<input type="checkbox"/> Internal Info <input type="checkbox"/> Recruiting <input type="checkbox"/> Intelligence, Investigation, Mishaps. <input type="checkbox"/> Medical & Dental					
PHOTO									
No. of Negs/Pos	Size of Negs/Pos	No. of Copies	Size of Copies	Total	Remarks				
GRAPHICS									
ORIGINATION			DUPLICATION						
No. of Originals	Size of Originals	No. of Copies	Total	Finished Size					
VIDEO				AUDIO					
Mins. - Orig.	Secs. - Orig.	Mins. - Dup.	Secs. - Dup.	Mins. - Orig.	Secs. - Orig.	Mins. - Dup.	Secs. - Dup.		
ANIMATION						QUALITY CONTROL CHECK BY			
Frames Orig.	Minutes Orig.	Seconds Orig.	Frames Dup.	Minutes Dup.	Seconds Dup.				
OTHER (<i>Aids and Devices, Loan Services, Operator Support, etc.</i>)				COMPLETED WORK HAS BEEN PROOFED AND APPROVED BY					
REQUESTER NOTIFIED BY				NAME OF PERSON NOTIFIED		DATE	TIME		
I HAVE RECEIVED THE ORIGINAL MATERIAL PROVIDED FOR REQUESTED SERVICES (<i>If applicable</i>)									
SIGNATURE				PRINTED LAST NAME		DATE	TIME		
I HAVE RECEIVED THE MATERIAL AS REQUESTED ABOVE									
SIGNATURE				PRINTED LAST NAME		DATE	TIME		