

MULTI-MEDIA/VISUAL INFORMATION (M/VI) WORK ORDER

For use of this form, see AR 25-1; the proponent agency is CIO/G-6.

1. WORK ORDER NUMBER

2. SECURITY CLASSIFICATION

SECTION I - REQUIREMENT

3. TO (M/VI Activity Name)		4. FROM (Customer Address)	
		5. CUSTOMER ACCOUNT NUMBER	
6a. REQUESTOR'S NAME	6b. GRADE	6c. REQUESTOR'S ORGANIZATION OR APO	
6d. REQUESTOR'S EMAIL ADDRESS		6e. PHONE NUMBER	7. DATE REQUESTED (YYYYMMDD)
8a. ALTERNATE POC NAME	8b. GRADE	8c. ALTERNATE'S ORGANIZATION OR APO	
8d. ALTERNATE'S EMAIL ADDRESS		8e. PHONE NUMBER	9. DATE REQUIRED (YYYYMMDD)

10. FUNCTIONAL AREA OF SUPPORT (Check One)

a. Combat Readiness	b. Education & Training	c. Garrison/Theater Support
d. Intel, Recon, CI, Comm Security	e. Internal Information	f. Recruitment
g. Medical & Dental	h. Public Information	i. RDT&E

11a. TYPE OF WORK (Check Applicable Box(s))	11b. DESCRIPTION OF WORK REQUESTED (Attach diagrams, etc., and list enclosure(s))
<input type="checkbox"/> IMAGING (1) Imaging - Photo (2) Imaging - Graphic (3) Other Imaging <input type="checkbox"/> MULTIMEDIA <input type="checkbox"/> SERVICES (1) Services - Presentation Support (2) Services - Consultation (3) Other Services <input type="checkbox"/> AUDIO <input type="checkbox"/> VIDEO (1) Video - Documentation (2) Video - Local Production (3) Video - Non-Local Production (4) Video - Video Report (5) Other Video <input type="checkbox"/> OTHER - SPECIFY	

12. JUSTIFICATION FOR REQUESTED SERVICE	<i>Requested service is for official purposes and is required by stated deadline.</i>
	13. VALIDATION SIGNATURE _____
	14. M/VI APPROVAL _____

SECTION II - WORK RECEIPT (Sections II Through V for M/VI Activity Use Only)

15. SPECIAL PROJECT CODE:			
16. ITEM/SERVICE	17. SIZE	18. COST	19. DATE COMPLETED (YYYYMMDD)
		a. BASELINE b. ABOVE BASELINE	
20. CUSTOMER NOTIFIED (YYYYMMDD)	21a. RECEIVED BY (Signature) _____		21b. DATE RECEIVED (YYYYMMDD)

SECTION III - MANHOURS (In Quarter Hours)

22. PERSONNEL ID	23. GRADE	24. PRODUCT ID	25. RE-IMBURSABLE		26. HOURLY RATE	27. MANHOURS	28. OVERTIME	29. COMPTIME	30. COSTS
			YES <input type="checkbox"/>	NO <input type="checkbox"/>					
			YES <input type="checkbox"/>	NO <input type="checkbox"/>					
			YES <input type="checkbox"/>	NO <input type="checkbox"/>					
			YES <input type="checkbox"/>	NO <input type="checkbox"/>					
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			YES <input type="checkbox"/>	NO <input type="checkbox"/>					
			YES <input type="checkbox"/>	NO <input type="checkbox"/>					
			YES <input type="checkbox"/>	NO <input type="checkbox"/>					

SECTION IV - CONTRACT DATA

31. VENDOR NAME	32. PRODUCT OR SERVICE ID	33. RE-IMBURSABLE		34. TOTAL NO. ITEMS OR SERVICE	35. CONTRACT COST
		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
		YES <input type="checkbox"/>	NO <input type="checkbox"/>		

SECTION V - BILL OF MATERIAL(S)

36. ITEM	37. QUANTITY	38. SIZE	39. RE-IMBURSABLE		40. ITEM	41. QUANTITY	42. SIZE	43. RE-IMBURSABLE	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>				YES <input type="checkbox"/>	NO <input type="checkbox"/>
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