Pre-Production Scope Of Work

Date: _____ D.I.T.____

Production			
Client:	,Production:		,Job Number:
Prep Date:, D	ay One:	,Shoot Days:	_,Final Asset Delivery:,
UPM Contact:		,Prod. O	ffice#:
Post Contact:	,Phone#:		,Call Sheet: Y / N
Additional Notes:			
Deliverables			
Dailies Specs:			
Required? Y / N, Size: 1080 / 7	20 / Other	_, Format:	, Aspect Ratio::
Distributed via:			
Timing of Delivery:			
Editorial Specs:			
ProRes 422 / HQ / LT, Siz	ze:x		
DNxHD(bit rate),	Size:x		
Distributed via:			
Timing of Delivery:			
Sound Sync: Y / N, Format of	sound delivery:	, Film-bre	ak at
Sound Mixer contact:			
# of Backups :, Forma	nt:, Check	ksum: MD5 / SHA25	56 / other
Drives provided by production:		(Connection type:
Additional Notes:			

Camera Package						
DoP:	Phone #:	AC (for n	AC (for media hand-off):			
Camera A:	Media Type:	Capacity:	Qty:	Codec:		
Camera B:	Media Type:	Capacity:	Qty:	Codec:		
Camera C:	Media Type:	Capacity:	Qty:	Codec:		
Card reader provided by c	amera dept: Y N	Connection type: _				
Notes:						
					—	
Video Assist						
	Contact Info					
VTR feed to DIT?: Y / N	Format for deliver	ry: HD-SDI / SD-SDI	/Wireless	/ Other	_	
Notes:					_	
General Notes (additional s	ervices or equpment t	hat will be provided)				
					-	
					-	
					-	
The above information represents an agreement for the scope and specifics of services between the production and the DIT. Changes to this agreement may incurr additional charges and fees.						
D.I.T or representative (sign)		UPM or pro	oduction repr	resentative (sign)		
Print name		Print name				
	_					

Date

Date