

# Graphic Design Service Form

Designer(s):

Total Hours:

Cost Center:

Client Name:

The full name

Department:

Project Title:

Phone:

Email:

Project Type: ☐ New ☐ Revision

Form Submission Date:

dd/mm/yyyy

Desired Delivery Date:

dd/mm/yyyy

Dates must be agreed upon with the designer(s). Please allow at least 10 working days for the projects.

## Job type:

☐ Brand Identity and Logo Design  
Format, Style, Polygons

☐ Illustration  
Format, Style, Polygons

☐ 3D Modeling and Animation  
Format, Style, Polygons

☐ Photo/Video Editing  
Format, Style, Polygons

☐ Web and Mobile Design  
Format, Style, Polygons

☐ Marketing and Advertising  
Format, Style, Polygons

☐ Others

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## Job Description:

Be specific

## References:

**Notes:**