

NAME:	TELEPHONE:	DIVISION/DISTRICT:	DATE SUBMITTED:
NAME OF PROJECT:		SENSITIVE/CLASSIFIED? <input type="checkbox"/> No <input type="checkbox"/> Yes (Describe in section below)	DATE NEEDED: (not ASAP) <input type="checkbox"/> Firm

SERVICES REQUESTED: (Subject to applicable restrictions/regulations.)

PRINTING:

- | | | |
|--|--|--|
| <input type="checkbox"/> Treasury Checks | <input type="checkbox"/> Reprint item AS IS (no changes):
Pub. or Form #: _____ | <input type="checkbox"/> Other (Describe in section below) |
| <input type="checkbox"/> Notepads | | |
| <input type="checkbox"/> Stationery | | |
| <input type="checkbox"/> Letterhead | <input type="checkbox"/> Quantity to print: _____ | |
| <input type="checkbox"/> Envelopes | | |

COPY CENTER:

- | | | |
|---|---|---|
| <input type="checkbox"/> B/W copies | # of copies: _____ <input type="checkbox"/> One side only | <input type="checkbox"/> Staple top left |
| <input type="checkbox"/> Color copies | # of pages each: _____ (approx.) | <input type="checkbox"/> Staple Left side |
| <input type="checkbox"/> Both B/W and Color | # of tabs (if any): _____ | <input type="checkbox"/> Drill 3 holes left side |
| | | <input type="checkbox"/> Drill 2 holes top |
| <input type="checkbox"/> Duplicate CD or DVD | Color of cover stock: _____ | <input type="checkbox"/> Insert in 3-ring binders |
| <input type="checkbox"/> Scan document to: <input type="checkbox"/> PDF <input type="checkbox"/> Word | Color of text stock: _____ | <input type="checkbox"/> Spiral binding |
| <input type="checkbox"/> Print mailing labels | | <input type="checkbox"/> CoverBind (clear cover) |

GRAPHICS/DESIGN/DOCUMENT CREATION:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> New item | <input type="checkbox"/> Publication (brochure, manual, booklet, etc.) |
| <input type="checkbox"/> Revision | <input type="checkbox"/> Poster |
| | <input type="checkbox"/> Form |
| | <input type="checkbox"/> Exhibit |
| | <input type="checkbox"/> Presentation (PowerPoint) |
| | <input type="checkbox"/> Webpage/website |
| | <input type="checkbox"/> Other graphics: _____ |
| | <input type="checkbox"/> Certificates (Describe below. Include names, citation, dates) |

PHOTOGRAPHY & VIDEO:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Shoot Photos | <input type="checkbox"/> Shoot Video* |
| Event: _____ | |
| Date/Time: _____ | |
| Place: _____ | |
| <input type="checkbox"/> Retouch/edit photo(s) (Describe below) | |
| <input type="checkbox"/> Print photo(s) (Describe below. Include caption if applicable) | |
| <input type="checkbox"/> Photo Archive research | |
| <input type="checkbox"/> Edit Video | |

DESCRIPTION OF PROJECT (Please provide as much information as possible):

DISTRIBUTION: *Reminder: Materials developed for use outside USMS must be reviewed by Public Affairs.

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|---------------------------------|---|---|---|
| <input type="checkbox"/> Pickup | <input type="checkbox"/> Ship/deliver to (address): _____ | <input type="checkbox"/> Distribute to: _____ | <input type="checkbox"/> Store in warehouse |
| <input type="checkbox"/> Email | | | |

(Publishing Services Only) PROJECT STATUS/TRACKING: ___ Logged in Assigned to: _____ Date complete: _____ ___ Logged out