

Media Services Workorder

Center on Human Development
and Disability
University of Washington
Box 357920
Seattle, WA 98195-7920
(206) 543-3496
FAX: (206) 543-5771



(for Media personnel only)
W.O.# _____
Project # _____

Authorization

Name (print) _____ Budget Number _____

Signature (authorized to expend budget funds) _____ Budget Name _____

Phone _____ email address _____ Budget Coordinator _____

Room Number _____ Campus Box Number _____ Coordinator Box Number _____

Today's Date _____ Date Needed _____ Rush Charge (X2) Approval

Services Requested

Finished product will be

- 2 x 2 slides (35mm film)
- 8 1/2 X 11 paper- hard copy
- Overhead transparencies
- Glossy color print(s)
- Poster Board/Display
- Other (fill in description)

Detailed description of work _____

Billing (for Media personnel only)

Service	Employee _____		Date _____
	Rate _____ /Hr. X _____ Hrs.		
Materials		Rate _____ /Hr. X _____	
QTY	Description	Amount Each	Subtotal
_____	_____	_____	= _____
_____	_____	_____	= _____
_____	_____	_____	= _____
_____	_____	_____	= _____
_____	_____	_____	= _____
_____	_____	_____	= _____
_____	_____	_____	= _____
Other Charges			
_____	_____	_____	= _____
_____	_____	_____	= _____
Total			= _____