MU	JLTIMEDI	A WORK OF	1. W	ork Order N	lo.	2. Priority	3. Reimbursable									
7. Requester (Last Name, Firs	8. Gr	rade		9. Telephone	No. 4. E	ate/Time Re	eceived (YYYYMN	10D) 5. Log	gged in By							
10. Organization	11. Office	Symbol 12. I	E-mail	Address		6. P	rojected Cor	mpletion Date/Time								
13. Classification	14. Classif	ied By				15.	5. Downgrade Schedule									
	;		Photo			Video		Presentations								
16. Support Required	VTC/DL	C/DL			lp		Other ((Specify)								
	Training			Recruiti	ng		Public In	formation	Cor	Combat Readiness						
17. Function Supported	Medical/	Medical/Dental			ion Support		Researc	h, Development, Te	est & Evaluatio	it & Evaluation						
	Intelliger	nce, Reconnaiss	ance, (Criminal In	vestigation		Other (S	Specify)								
18. Purpose and Justification (Describe who, what, when, where and how the product will be used.)																
19. Project Title				20. Da	ate/Time Event	(YYYYMM	(DD)	21. Locatio	21. Location							
23. Disposition of Materials Fur	nished	Retui	rn to R	equester	De	stroy		Retain								
24. I certify the products a						-	ent use on	lly.								
Signature of Requester								•	Date (YY	YYMMDD)						
				25 0	LOTOMED O	DITIOUE										
Customer Service (Please	e"X" one)		Poor	-	USTOMER C	Δ	verage	_		xcellent						
Response Time		1	2	3	4	5	6	7	8	9 10						
Product Satisfaction								╁┼┾┼								
Customer Service				+												
Customer Comments			Į j													
26. ACCEPTER INFORMATION																
27. Signature				28.	Accepter (Las	t Name, Firs	! Name)			29. Grade						
30. Organization 31. Office			nbol	32. Telep	phone No.	33. Date/T	ime Accepte	d (YYYYMMDI	34. Total Reimbursable Cost							

Assignments			Studio					Copy Location						Alert							
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Manual																					
	36. VIDEO SERVICES Assignments Off-Air/ Standards																				
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Products Delivered Raw Footage						Т	Edited		Duplicated			1	Accessioned								
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Quantity of Me	dia																				
37. GRAPHICS																					
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Delivered	DAIL	-		Covers		_		Presentations	Plates		Pages			De	sign						
Electronic						_															
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38. PRESENTATIONS AND VTC Conference Conference VTC VTC																					
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							39.	TASKS AND	MATE	RIALS											
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Total Hours Total Material Cost																					
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40. PRODUCTS DELIVERED						41. QTY			PRUD	UCTS	DELIA	EKED		QTY							
42. QUALITY CONTROL																					
Date/Time Completed (YYYYMMDD) QC Performed by (Grade and Last Name)																					
43. CUSTOMER NOTIFICATION																					
Date/Time Notified									tified/Remarks						Notified By (Grade & Las						
(YYYYMMDD)						. 5.551						(Oracle & Last Name)									

AF IMT 833, 20031001 (V1) (REVERSE)

PREVIOUS EDITONS ARE OBSOLETE

INSTRUCTIONS FOR COMPLETING THE AF FORM 833

PAGE 1 (BLOCKS 1-6 AND BLOCK 34 ARE TO BE COMPLETED BY MULTIMEDIA PERSONNEL ONLY)

Work Order No: Multimedia personnel enter the number of the requested work order.

Priority: Multimedia personnel enter priority of project (Priority Code is determined by Base Multimedia Manger, i.e., 1, 2, 3, A, B, C, etc).

Reimbursable: Multimedia personnel enter a "yes" or "no" if the product is reimbursable.

<u>Date/Time Received:</u> Multimedia personnel insert the date and time the work order is filled out and received from the requester.

Logged In By: Multimedia personnel enter his or her first and last name on the work order he or she logs in.

Projected Completion Date/Time: Multimedia personnel identify the date and time he or she projects the product will be completed.

Requester: Requester identifies his or her last name and first name.

Grade/Rank: Requester identifies his or her Grade or Rank.

Telephone No.: Requester identifies his or her Commercial or DSN telephone number.

Organization: Requester identifies his or her organization of employment.

Office Symbol: Requester identifies his or her office symbol within his or her organization of employment.

E-mail Address: Requester identifies his or her e-mail address (If no available e-mail address, enter "None" in the block).

Classification: Enter in the security classification of the product (i.e., Top Secret, Secret, Unclas).

Classified By: If the product is reflected in block 13 as UNCLASSIFIED, no entry is required.

Downgrade Schedule: If the product is reflected in block 13 as UNCLASSIFIED, no entry is required.

Support Required: Requester places an "X" in the type *(s)* of support required for the work order.

Function Supported: Requester places an "X" in the type (s) of function the work order will support.

Purpose and Justification: _ requester enters a narrative describing the "who, what, when, where, and how" of the product.

Project Title: Requester identifies the title of the project to be completed.

Date/Time Event: If the workorder involves support for a specific event, requester identifies the date and time.

<u>Location:</u> If the workorder involves support for a specific event, requester identifies the location. A location can not be identified unless a date and time is specified.

<u>Description and Special Instructions:</u> Requester identifies in narrative format, any details to enhance understanding and completion of the tasks involved with the workorder (may require assistance of multimedia personnel to complete this block).

Disposition of materials furnished: Requester places an "X" in the appropriate block regarding materials he or she provide.

I certify the products and services received from this request are for official government use only:

Requester legally verifies the request is official and signs and dates the blocks the block (prevents fraud, waste, and abuse).

<u>Customer Critique:</u> Upon completion of the products and services, the customer places an "X" where he or she desires, rating the product, customer service, and overall support provided by the Multimedia staff.

Accepter Information: MANDATORY that all blocks are filled in by individual receiving the completed products and services.

Signature: Accepter signs acknowledging receipt of products and/or services.

Accepter: Accepter prints name.

Grade: Accepter identifies his or her grade.

Organization: Accepter identifies his or her organization of employment.

Office Symbol: Accepter identifies his or her office symbol within his or her organization of employment.

Telephone No.: Accepter identifies his or her commercial or DSN telephone number.

Date/Time Accepted: Accepter enters the date and time at moment he or she accepts completed products and/or services.

Total Reimbursable Cost: The multimedia personnel will transfer the total reimbursable costs from the back side of the AF Forom 833 from block 39 and write it in blocks 34 on the front side.

PAGE 2 (BLOCKS 35-43 ON BACKSIDE) IS TO BE COMPLETED BY MULTIMEDIAI PERSONNEL ONLY.

Photo: Photo personnel enter the following information:

Number of Images: Enter total images captured for: Studio, Copy, Location, Alert (regardless if not used for final product)

Process: Enter the total number of images processed (by roll, sheet, or electronically)

Products Delivered: Enter the quantity of products delivered to the customer and accessioned (if applicable) in appropriate block (s), (electronic or manual), (LIST all materials used in block 39 under "Materials Used".)

Video: Video personnel enter the following information.

Video Minutes: Enter total minutes of footage used/acquired (regardless if not used for final product).

Quantity of Media: Enter number of media items delivered (LIST specific types and all materials used, including tapes, CDs, DVDs, files, etc., in block 39 under "Materials Used".)

<u>Graphics:</u> Graphics personnel enter the following information:

Products Delivered: Enter the quantity of products delivered to the customer and accessioned (if applicable) in appropriate block (s), (electronic or manual), (LIST all materials used in block 39 under "Materials Used".)

Presentations and VTC: Enter total number of hours dedicated to each part of the process.

Tasks and Materials: Break down all tasks and enter in "Task Description" (e.g., Accessioning, lamination, camera operations, scriptwriting, etc.) section, filling in personnel and manhour information for each. Enter all materials used including those for drafts, reshoots, waste, etc., and fill in the "Materials Used" section.

Description of Type (s) of Products Delivered: Describe specific products delivered to the requester (e.g., 30x40 posterboard, 8x10 color print, 2x2 passpor to photo. etc.)

 $\underline{\hbox{Quantity:}} \ \ \hbox{Enter the quantity of each type of product delivered}.$

Quality Control: Enter the Date/Time QC was performed, print, and sign.

Customer Notification: Log all attempts to notify the requester to come to pick up completed work.