

GRAPHIC DESIGN WORK ORDER

REQUESTER NAME		PHONE	
EMAIL		DEPARTMENT	
PRIORITY LEVEL		ORDER DATE & TIME	
DATE NEEDED		DATE DELIVERED	
WORK AUTHORIZED BY		DEPT TO BE BILLED	

REQUEST DESCRIPTION

If requested piece is a new design, please be prepared to provide samples to illustrate your ideas.

SERVICE REQUIRED	ELEMENTS PROVIDED BY REQUESTING PARTY
PLACE AN "X" IN THE APPROPRIATE BOX OR BOXES WRITING AND/OR EDITING <input type="checkbox"/> GRAPHIC / WEB DESIGN <input type="checkbox"/> PHOTOGRAPHY <input type="checkbox"/> ILLUSTRATION <input type="checkbox"/>	PLACE AN "X" IN THE APPROPRIATE BOX OR BOXES TEXT / COPY <input type="checkbox"/> GRAPHIC ELEMENTS <input type="checkbox"/> PHOTOGRAPHY <input type="checkbox"/> REFERENCE MATERIAL / SAMPLES <input type="checkbox"/>

PURPOSE OF PIECE

TARGET AUDIENCE

EXISTING PHOTOGRAPHY AVAILABLE?	IS THERE A BUDGET FOR THIS JOB?
YES <input type="checkbox"/> NO <input type="checkbox"/> I DON'T KNOW <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, HOW MUCH? <input type="text"/>

LIST ALL INDIVIDUALS RESPONSIBLE FOR REVIEWING / PROOFING WORK

ADDITIONAL NOTES

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