

GRAPHIC DESIGN PROJECT INTAKE FORM

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

TYPE(S) OF PRODUCTS REQUESTED (business cards, letterhead, print ad, etc.)

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 A CHECK IN THE APPROPRIATE BOX OR BOXES	PLACE A CHECK IN THE APPROPRIATE BOX OR BOXES
WRITING AND/OR EDITING <input type="checkbox"/>	TEXT / COPY <input type="checkbox"/>
GRAPHIC / WEB DESIGN <input type="checkbox"/>	GRAPHIC ELEMENTS <input type="checkbox"/>
PHOTOGRAPHY <input type="checkbox"/>	PHOTOGRAPHY <input type="checkbox"/>
ILLUSTRATION <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"/>
NO <input type="checkbox"/>	YES <input type="checkbox"/>
I DON'T KNOW <input type="checkbox"/>	IF YES, HOW MUCH? <input type="checkbox"/>

TIMELINE

DATE	DELIVERABLE	DATE	DELIVERABLE

ADDITIONAL NOTES

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