

MULTI-MEDIA/VISUAL INFORMATION (M/VI) WORK ORDER For use of this form, see AR 25-1; the proponent agency is CIO/G-6.	1. WORK ORDER NUMBER
	2. SECURITY CLASSIFICATION

SECTION I - REQUIREMENT

3. TO <i>(M/VI Activity Name)</i>		4. FROM <i>(Customer Address)</i>	
		5. CUSTOMER ACCOUNT NUMBER	
6a. REQUESTOR'S NAME	6b. GRADE	6c. REQUESTOR'S ORGANIZATION OR APO	
6d. REQUESTOR'S EMAIL ADDRESS		6e. PHONE NUMBER	7. DATE REQUESTED <i>(YYYYMMDD)</i>
8a. ALTERNATE POC NAME	8b. GRADE	8c. ALTERNATE'S ORGANIZATION OR APO	
8d. ALTERNATE'S EMAIL ADDRESS		8e. PHONE NUMBER	9. DATE REQUIRED <i>(YYYYMMDD)</i>

10. FUNCTIONAL AREA OF SUPPORT *(Check One)*

a. Combat Readiness	b. Education & Training	c. Garrison/Theater Support
d. Intel, Recon, CI, Comm Security	e. Internal Information	f. Recruitment
g. Medical & Dental	h. Public Information	i. RDT&E

11a. TYPE OF WORK <i>(Check Applicable Box(s))</i>	11b. DESCRIPTION OF WORK REQUESTED <i>(Attach diagrams, etc., and list enclosure(s))</i>
<input type="checkbox"/> IMAGING	
(1) Imaging - Photo	
(2) Imaging - Graphic	
(3) Other Imaging	
<input type="checkbox"/> MULTIMEDIA	
<input type="checkbox"/> SERVICES	
(1) Services - Presentation Support	
(2) Services - Consultation	
(3) Other Services	
<input type="checkbox"/> AUDIO	
<input type="checkbox"/> VIDEO	
(1) Video - Documentation	
(2) Video - Local Production	
(3) Video - Non-Local Production	
(4) Video - Video Report	
(5) Other Video	
<input type="checkbox"/> OTHER - SPECIFY	

12. JUSTIFICATION FOR REQUESTED SERVICE	<i>Requested service is for official purposes and is required by stated deadline.</i>
	13. VALIDATION SIGNATURE
	14. M/VI APPROVAL

SECTION II - WORK RECEIPT *(Sections II Through V for M/VI Activity Use Only)*

15. SPECIAL PROJECT CODE:				
16. ITEM/SERVICE	17. SIZE	18. COST		19. DATE COMPLETED <i>(YYYYMMDD)</i>
		a. BASELINE	b. ABOVE BASELINE	
20. CUSTOMER NOTIFIED <i>(YYYYMMDD)</i>	21a. RECEIVED BY <i>(Signature)</i>		21b. DATE RECEIVED <i>(YYYYMMDD)</i>	

