

Request for Audiovisual Production (Part 1)		Date:	Desired Completion Date:
			Project No.:
Requester:	Office Symbol:	Bldg. No.:	Phone No.:
Point of Contact:	Office Symbol:	Bldg. No.:	Phone No.:
<input type="checkbox"/> Motion Picture <input type="checkbox"/> Video <input type="checkbox"/> Sound <input type="checkbox"/> Silent <input type="checkbox"/> Color <input type="checkbox"/> Black and White Length: _____			
Purpose of Production:			
Brief Outline:			
Type of Audience for Which Production is Intended:			
Distribution of Film/Tape (Who? Where? How many?):			
Remarks (Include any special items or requirements in this section):			
Approvals			Estimated Cost:
Signature of Office/Lab Director:		Date:	Fund Source:
Signature of A/V Board Approval:		Date:	

**Request for Audiovisual Production
Production Cost Estimate (Part 2)
(To be completed by production source)**

Date:	Desired Completion Date:
	Project No.:

Production Specific Expenses:	Funding Source:	Production to be done by: <input type="checkbox"/> MSFC Audio/Visual Service <input type="checkbox"/> Other (Specify): _____
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Labor Estimate

Item Number	Description	Labor Hours	Unit Cost	In-House	Out-of-House
	Script Development:				
	Production:				
	Other:				

Pre-Script Sub Total

Producer:	Phone Number:	10% Add On
	Date:	Estimated Total Not to Exceed