

|                                                                                                                     |  |                                                      |                     |                                  |                    |                                          |                        |                                   |                        |  |                 |  |
|---------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|---------------------|----------------------------------|--------------------|------------------------------------------|------------------------|-----------------------------------|------------------------|--|-----------------|--|
| <b>MULTIMEDIA WORK ORDER</b>                                                                                        |  |                                                      |                     |                                  | 1. Work Order No.  |                                          | 2. Priority            |                                   | 3. Reimbursable<br>N/A |  |                 |  |
| 7. Requester (Last Name, First Name)                                                                                |  |                                                      |                     | 8. Grade                         |                    | 9. Telephone No.                         |                        | 4. Date/Time Received (YYMMDD)    |                        |  | 5. Logged In By |  |
| 10. Organization                                                                                                    |  |                                                      | 11. Office Symbol   |                                  | 12. E-Mail Address |                                          |                        | 6. Projected Completion Date/Time |                        |  |                 |  |
| 13. Classification                                                                                                  |  |                                                      | 14. Classified By   |                                  |                    |                                          | 15. Downgrade Schedule |                                   |                        |  |                 |  |
| 16. Support Required                                                                                                |  | Graphics                                             |                     | Photo                            |                    | Video                                    |                        | Presentations                     |                        |  |                 |  |
|                                                                                                                     |  | VTC/DL                                               |                     |                                  |                    | Other (Specify)                          |                        |                                   |                        |  |                 |  |
|                                                                                                                     |  | Training                                             |                     |                                  |                    | Public Information                       |                        | Combat Readiness                  |                        |  |                 |  |
|                                                                                                                     |  | Medical/Dental                                       |                     |                                  |                    | Research, Development, Test & Evaluation |                        |                                   |                        |  |                 |  |
|                                                                                                                     |  | Intelligence, Reconnaissance, Criminal Investigation |                     |                                  |                    | Other (Specify)                          |                        |                                   |                        |  |                 |  |
| 17. Function Supported                                                                                              |  |                                                      |                     |                                  |                    |                                          |                        |                                   |                        |  |                 |  |
| 18. Purpose and Justification (Describe who, what, when, where and how the product will be used)                    |  |                                                      |                     |                                  |                    |                                          |                        |                                   |                        |  |                 |  |
|                                                                                                                     |  |                                                      |                     |                                  |                    |                                          |                        |                                   |                        |  |                 |  |
| 19. Project Title                                                                                                   |  |                                                      |                     | 20. Date/Time Event (YYYY/MM/DD) |                    |                                          |                        | 21. Location                      |                        |  |                 |  |
| 22. Description and Special Instructions (Include coordination required, location, time/date, transportation, etc.) |  |                                                      |                     |                                  |                    |                                          |                        |                                   |                        |  |                 |  |
|                                                                                                                     |  |                                                      |                     |                                  |                    |                                          |                        |                                   |                        |  |                 |  |
| 23. Disposition of Materials Furnished                                                                              |  |                                                      | Return to Requester |                                  | Destroy            |                                          | Retain                 |                                   |                        |  |                 |  |
| 24. I certify the products and services received from this request are for official government use only.            |  |                                                      |                     |                                  |                    |                                          |                        |                                   |                        |  |                 |  |
| Signature of Requester                                                                                              |  |                                                      |                     |                                  |                    |                                          |                        |                                   | Date (YYYY/MM/DD)      |  |                 |  |

| 25. CUSTOMER CRITIQUE |                  |      |  |  |   |   |         |  |  |   |   |   |           |  |  |    |  |  |  |
|-----------------------|------------------|------|--|--|---|---|---------|--|--|---|---|---|-----------|--|--|----|--|--|--|
| Customer Service      | (Please "X" one) |      |  |  |   |   |         |  |  |   |   |   |           |  |  |    |  |  |  |
|                       | 1                | Poor |  |  | 3 | 4 | Average |  |  | 6 | 7 | 8 | Excellent |  |  | 10 |  |  |  |
| Response Time         |                  |      |  |  |   |   |         |  |  |   |   |   |           |  |  |    |  |  |  |
| Product Satisfaction  |                  |      |  |  |   |   |         |  |  |   |   |   |           |  |  |    |  |  |  |
| Customer Service      |                  |      |  |  |   |   |         |  |  |   |   |   |           |  |  |    |  |  |  |
| Customer Comments     |                  |      |  |  |   |   |         |  |  |   |   |   |           |  |  |    |  |  |  |
|                       |                  |      |  |  |   |   |         |  |  |   |   |   |           |  |  |    |  |  |  |

| 26. ACCEPTER INFORMATION |  |                   |                                      |                   |  |                                     |  |                             |  |
|--------------------------|--|-------------------|--------------------------------------|-------------------|--|-------------------------------------|--|-----------------------------|--|
| 27. Signature            |  |                   | 28. Acceptor (Last Name, First Name) |                   |  | 29. Grade                           |  |                             |  |
| 30. Organization         |  | 31. Office Symbol |                                      | 32. Telephone No. |  | 33. Date/Time Accepted (YYYY/MM/DD) |  | 34. Total Reimbursable Cost |  |
|                          |  |                   |                                      |                   |  |                                     |  |                             |  |

| 35. PHOTO          |        |             |             |       |
|--------------------|--------|-------------|-------------|-------|
| Assignments        | Studio | Copy        | Location    | Alert |
| Number of Images   |        |             |             |       |
| Process            | Roll   | Sheet       | Electronic  |       |
|                    |        |             |             |       |
| Products Delivered | Prints | Proof Sheet | Accessioned | Total |
| Electronic         |        |             |             | 0     |
| Manual             |        |             |             | 0     |

| 36. VIDEO SERVICES |             |             |            |                       |           |                         |       |
|--------------------|-------------|-------------|------------|-----------------------|-----------|-------------------------|-------|
| Assignments        | CAC         | Duplication | Editing    | Off-Air/<br>Satellite | Recording | Standards<br>Conversion | Total |
| Video Minutes      |             |             |            |                       |           |                         | 0     |
| Products Delivered | Raw Footage | Edited      | Duplicated | Accessioned           |           |                         |       |
| Quantity of Media  |             |             |            |                       |           |                         |       |

| 37. GRAPHICS          |              |           |                |              |        |                             |                |         |              |       |        |                    |     |             |       |
|-----------------------|--------------|-----------|----------------|--------------|--------|-----------------------------|----------------|---------|--------------|-------|--------|--------------------|-----|-------------|-------|
| Products<br>Delivered | 2D/3D<br>Art | Animation | Book<br>Covers | Certificates | Charts | Multimedia<br>Presentations | Name<br>Plates | Posters | Pub<br>Pages | Signs | Slides | Web Page<br>Design | WSV | Accessioned | Other |
| Electronic            |              |           |                |              |        |                             |                |         |              |       |        |                    |     |             |       |
| Manual                |              |           |                |              |        |                             |                |         |              |       |        |                    |     |             |       |

| 38. PRESENTATIONS AND VTC |                                |                            |                         |                     |
|---------------------------|--------------------------------|----------------------------|-------------------------|---------------------|
| Tasks                     | Conference<br>Set Up/Tear Down | Conference<br>Facilitation | VTC<br>Set Up/Tear Down | VTC<br>Facilitation |
| Hours                     |                                |                            |                         |                     |

| 39. TASKS AND MATERIALS |                                       |       |                     |       |           |            |
|-------------------------|---------------------------------------|-------|---------------------|-------|-----------|------------|
| Task Description        | Performed By<br>(Grade and Last Name) | Hours | Materials Used      | Units | Cost Each | Total Cost |
|                         |                                       |       |                     |       |           |            |
|                         |                                       |       |                     |       |           |            |
|                         |                                       |       |                     |       |           |            |
|                         |                                       |       |                     |       |           |            |
|                         |                                       |       |                     |       |           |            |
|                         |                                       |       |                     |       |           |            |
|                         |                                       |       |                     |       |           | \$0.00     |
| Total Hours             |                                       | 0     | Total Material Cost |       |           | \$0.00     |

| 40. PRODUCTS DELIVERED | 41. QTY | PRODUCTS DELIVERED | QTY |
|------------------------|---------|--------------------|-----|
|                        |         |                    |     |
|                        |         |                    |     |
|                        |         |                    |     |

| 42. QUALITY CONTROL               |                                       |
|-----------------------------------|---------------------------------------|
| Date/Time Completed<br>(YYYYMMDD) | QC Performed by (Grade and Last Name) |

| 43. CUSTOMER NOTIFICATION        |                         |                                 |
|----------------------------------|-------------------------|---------------------------------|
| Date/Time Notified<br>(YYYYMMDD) | Person Notified/Remarks | Notified By (Grade & Last Name) |
|                                  |                         |                                 |
|                                  |                         |                                 |
|                                  |                         |                                 |

## **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.

Date/Time Received: 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, Unclass*).

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.

Location: 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.

Description and Special Instructions: 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*).

Customer Critique: 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: Acceptor signs acknowledging receipt of products and/or services.

Acceptor: Acceptor prints name.

Grade: Acceptor identifies his or her grade.

Organization: Acceptor identifies his or her organization of employment.

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

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

Date/Time Accepted: Acceptor 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 Form 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 MULTIMEDIA 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"*).

Graphics: 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 passport photo, etc.*)

Quantity: 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.