# Work Order Form

**Requested by** [Please Print]  
---

**Date Submitted**
---

**Department/Unit/Entity**
---

**Phone Contact**
---

**Date/Time required** [2 weeks notice]  
---

**Location Required**
---

**Email**
---

**Type of Work Required** [Tick multiple if necessary]

- [ ] Audio / Visual  
  xt 5215
- [ ] Photography  
  ext 2119
- [ ] Graphics & Print  
  ext 5219

---

**Quantity**  
---

**Request Details** :
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**Payment Options**
---

**Internal Fund Transfer**
---

**fund** :
---

**organization** :
---

**account** :
---

**programme** :
---

**Other**

- [ ] Cash
- [ ] Cheque

---

**Budget Holder / Authorizing Signature** [Please print]
---

**Signature**  
---

**Date**  
---
### CMSE Use Only

<table>
<thead>
<tr>
<th>Unit</th>
<th>Date / Time IN</th>
<th>Date / Time OUT</th>
<th>Job done by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-production</td>
<td></td>
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<tr>
<td>Audio/Visual</td>
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<td>Photography</td>
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<td>Graphics</td>
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<td>Print</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Cost / Unit</th>
<th>Qty</th>
<th>Sub-total</th>
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</thead>
<tbody>
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</tbody>
</table>

**Total Cost**

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collected by (customer)  

date

Head of CMSE  

date