

DIGITAL MEDIA SERVICES

SERVICE REQUEST FORM

CUSTOMER INFORMATION

1. Requester (last name, First name/Unit)	2. Grade	3. Delta	4. Phone Number	FY	Priority	Date Received	Date Completed
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5. Project/Event Title 6. Event Date/Start-End Time 7. Location

7. Classification	8. Work Requested	
Unclassified	Photo	Conf Room/Auditorium
CUI	Graphics	Self Help
Secret	Public Address	Other

10. Purpose and description of service (Include Teams/S-VTC connection details if applicable)

I certify that the products and services received in this request are for official government use only.

11. Requester Signature 12. Date

CUSTOMER CRITIQUE

	Poor (1-4)	Average (5-7)	Excellent (8-10)
13. Customer Service			
14. Product Satisfaction			
15. Customer Comments:			

ACCEPTER INFORMATION

16. Acceptor Signature 17. Grade 18. Phone Number 19. Date Accepted

----- *DMS TECHNICIAN INPUT ONLY BELOW* -----

PRODUCTION

Work Type	Technician	Tasks	Hours
Work Type	Technician	Tasks	Hours
Work Type	Technician	Tasks	Hours

PHOTO				GRAPHICS	
Images captured				Total items delivered	Total foamboard used:
Digital images delivered				Print items delivered	
Paper prints	8x10:	5x7:	4x6:	Digital items delivered	
Images uploaded	DVIDS: To be cleared:			Images uploaded	DVIDS: To be cleared:

CUSTOMER NOTIFICATION

Customer Notified Date Quality Control