

# Work Order

*Lab- Dailies- Transfer- Dub(s)- Digitizing- Other-*

Production Company:

Date:

Time:

Title:

P.O. #

Job #

Contact 1:	Title:	Phone:	E-mail:
Contact 2:	Title:	Phone:	E-mail:

Shipping to:	Bill to:
Attention:	Billing Address:
Shipping Address:	City/State/Zip:
City/State/Zip:	Credit Card:
Notes:	Credit Card Number:
	Exp. Date:

## Lab

Shooting Format:	16mm	S16mm	35mm	S35mm	Other
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Camera Rolls:	# of Cans:
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Stock Type(s):	Audio:
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Other Materials:
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Processing:	Normal	Push__Stops	Pull__Stops	Cross Process	Bleach Bypass	Other
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Neg. Report: YES NO Initial:	Actual Footage:
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## Transfer

Transfer Date:	Transfer Time:	Colorist:	TK#	In-Out Time:
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Unsupervised:	Supervised:	Dailies:	Client Name:	Client Signature:
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Transfer Specs:	Audio Specs:
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Dubbing Specs:	Digitizing Specs:
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Media Used:
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Additional Notes:
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Telecine Report: YES NO Initial:	Project Manager:
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