



Communications and Marketing
 Photography and Video Production Services
Photography Request

| | |
|-----------------|-------|
| Office Use Only | |
| Job No. | _____ |
| Date Received: | _____ |
| Received By: | _____ |
| Assigned to: | _____ |

Please fax your request to 775-3685 or deliver to 013 Dunbar Library
 Note: Incomplete requests may result in your order being delayed.

Client Information

| | | | |
|------------|--------------------|-------|---------|
| Name | Rowdy Raider | | |
| Department | WSU Department | | |
| Address | 013 Dunbar Library | | |
| Phone | X1234 | | |
| Banner No. | Fund | Org | Program |
| | ##### | ##### | ##### |

Session Details

| | |
|----------------------------------|---------------------|
| Date | 1/1/11 |
| Start/End Time | 8:00am - 1:00pm |
| Location | Millett Hall Atrium |
| Contact Person at Location/Phone | John Smith x#### |

Type of Photography Request

| | |
|-------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> | Location Shoot |
| <input type="checkbox"/> | Staff/Faculty Portrait |
| <input type="checkbox"/> | Cash Portrait |
| <input type="checkbox"/> | Optional Practical Training (OPT) |
| <input type="checkbox"/> | Passport Photo |
| <input type="checkbox"/> | Nursing Licensure Photo |
| <input type="checkbox"/> | Other |

Name of Event or Description of Shoot

| |
|-----------------------------|
| Rowdy Raider Awards Banquet |
|-----------------------------|

Associated Publication, Website, Designer (if applicable)

| | |
|-------------|--------------------|
| Publication | Community Magazine |
| Website | |
| Designer | |
| Other | |

Special Instructions

| |
|---|
| Please take a group shot and individual shots of all award recipients to be used in Community Magazine. |
|---|

Delivery of Proof Sheets

| | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Deliver to Room/Bldg: ### Millett Hall |
| <input type="checkbox"/> | Hold for Pick-up in 013 Dunbar Library |

Requested Date (Please allow 48 hours)

| |
|---------|
| 1/11/11 |
|---------|

Approved By: Signature

Date: 1/1/11

Office Use Only

Photographer Fees

Cost

Receipt Confirmation

- Location and studio photography
 - 30 Minutes or less - \$15.00
 - 30-60 Minutes - \$30.00
 - Evening/Weekends - \$45/hr
- Passport/OPT Photos - \$11.00
- Portrait Sitting - \$15.00
- Time and mileage charges apply for travel
- Proofsheets - \$7.00

| | | |
|--------------------|-----------------------|--|
| Labor | Total Hours | |
| | Rate | |
| | Labor Cost | |
| Materials | # Proofsheets | |
| | Cost per Sheet | |
| | Materials Cost | |
| GRAND TOTAL | | |

| | |
|-------------|--|
| Date Called | |
| Date Mailed | |
| Rcvd. By | |
| Date Rcvd. | |