MULTI-MEDIA/VISUAL INFORMATION (M/VI) WORK ORDER For use of this form, see AR 25-1; the proponent agency is CIO/G-6.	1. WORK ORDER NUMBER
	2. SECURITY CLASSIFICATION

SECTION I - REQUIREMENT

3. TO *(M/VI Activity Name)*	4. FROM *(Customer Address)*	
	5. CUSTOMER ACCOUNT NUMBER	

6a. REQUESTOR'S NAME	6b. GRADE	6c. REQUESTOR'S ORGANIZATION OR APO	
6d. REQUESTOR'S EMAIL ADDRESS		6e. PHONE NUMBER	7. DATE REQUESTED *(YYYYMMDD)*
8a. ALTERNATE POC NAME	8b. GRADE	8c. ALTERNATE'S ORGANIZATION OR APO	
8d. ALTERNATE'S EMAIL ADDRESS		8e. PHONE NUMBER	9. DATE REQUIRED *(YYYYMMDD)*

10. FUNCTIONAL AREA OF SUPPORT *(Check One)*

a. Combat Readiness	b. Education & Training	c. Garrison/Theater Support	
d. Intel, Recon, CI, Comm Security	e. Internal Information	f. Recruitment	
g. Medical & Dental	h. Public Information	i. RDT&E	

11a. TYPE OF WORK *(Check Applicable Box(s))*	11b. DESCRIPTION OF WORK REQUESTED *(Attach diagrams, etc., and list enclosure(s))*
IMAGING	
(1) Imaging - Photo	
(2) Imaging - Graphic	
(3) Other Imaging	
MULTIMEDIA	
SERVICES	
(1) Services - Presentation Support	
(2) Services - Consultation	
(3) Other Services	
AUDIO	
VIDEO	
(1) Video - Documentation	
(2) Video - Local Production	
(3) Video - Non-Local Production	
(4) Video - Video Report	
(5) Other Video	
OTHER - SPECIFY	

12. JUSTIFICATION FOR REQUESTED SERVICE	*Requested service is for official purposes and is required by stated deadline.*
	13. VALIDATION SIGNATURE
	14. M/VI APPROVAL

SECTION II - WORK RECEIPT *(Sections II Through V for M/VI Activity Use Only)*

15. SPECIAL PROJECT CODE:				
16. ITEM/SERVICE	17. SIZE	18. COST		19. DATE COMPLETED *(YYYYMMDD)*
		a. BASELINE	b. ABOVE BASELINE	

20. CUSTOMER NOTIFIED *(YYYYMMDD)*	21a. RECEIVED BY *(Signature)*	21b. DATE RECEIVED *(YYYYMMDD)*

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SECTION III - MANHOURS *(In Quarter Hours)*

22. PERSONNEL ID	23. GRADE	24. PRODUCT ID	25. RE-IMBURSABLE	26. HOURLY RATE	27. MANHOURS	28. OVERTIME	29. COMPTIME	30. COSTS
			YES ☐ NO ☐					
			YES ☐ NO ☐					
			YES ☐ NO ☐					
			YES ☐ NO ☐					
			YES ☐ NO ☐					
			YES ☐ NO ☐					
			YES ☐ NO ☐					
			YES ☐ NO ☐					
			YES ☐ NO ☐					
			YES ☐ NO ☐					
			YES ☐ NO ☐					
			YES ☐ NO ☐					

SECTION IV - CONTRACT DATA

31. VENDOR NAME	32. PRODUCT OR SERVICE ID	33. RE-IMBURSABLE	34. TOTAL NO. ITEMS OR SERVICE	35. CONTRACT COST
		YES ☐ NO ☐		
		YES ☐ NO ☐		
		YES ☐ NO ☐		
		YES ☐ NO ☐		
		YES ☐ NO ☐		

SECTION V - BILL OF MATERIAL(S)

36. ITEM	37. QUANTITY	38. SIZE	39. RE-IMBURSABLE	40. ITEM	41. QUANTITY	42. SIZE	43. RE-IMBURSABLE
			YES ☐ NO ☐				YES ☐ NO ☐
			YES ☐ NO ☐				YES ☐ NO ☐
			YES ☐ NO ☐				YES ☐ NO ☐
			YES ☐ NO ☐				YES ☐ NO ☐
			YES ☐ NO ☐				YES ☐ NO ☐
			YES ☐ NO ☐				YES ☐ NO ☐
			YES ☐ NO ☐				YES ☐ NO ☐
			YES ☐ NO ☐				YES ☐ NO ☐
			YES ☐ NO ☐				YES ☐ NO ☐

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