

MULTIMEDIA WORK ORDER				1. Work Order No.	2. Priority	3. Reimbursable		
7. Requester (Last Name, First Name)		8. Grade	9. Telephone No.	4. Date/Time Received (YYYYMMDD)		5. Logged in By		
10. Organization		11. Office Symbol	12. E-mail Address		6. Projected Completion Date/Time			
13. Classification		14. Classified By		15. Downgrade Schedule				
16. Support Required	<input type="checkbox"/>	Graphics	<input type="checkbox"/>	Photo	<input type="checkbox"/>	Video	<input type="checkbox"/>	Presentations
	<input type="checkbox"/>	VTC/DL	<input type="checkbox"/>	Self Help	Other (Specify)			
17. Function Supported	<input type="checkbox"/>	Training	<input type="checkbox"/>	Recruiting	<input type="checkbox"/>	Public Information	<input type="checkbox"/>	Combat Readiness
	<input type="checkbox"/>	Medical/Dental	<input type="checkbox"/>	Installation Support	Research, Development, Test & Evaluation			
	<input type="checkbox"/>	Intelligence, Reconnaissance, Criminal Investigation			Other (Specify)			
18. Purpose and Justification (Describe who, what, when, where and how the product will be used.)								
19. Project Title			20. Date/Time Event (YYYYMMDD)		21. Location			
22. Description and Special Instructions (Include coordination required, location, time/date, transportation, etc.)								
23. Disposition of Materials Furnished		<input type="checkbox"/>	Return to Requester	<input type="checkbox"/>	Destroy	<input type="checkbox"/>	Retain	
24. I certify the products and services received from this request are for official government use only.								
Signature of Requester					Date (YYYYMMDD)			

25. CUSTOMER CRITIQUE										
Customer Service (Please "X" one)	Poor			Average				Excellent		
	1	2	3	4	5	6	7	8	9	10
Response Time										
Product Satisfaction										
Customer Service										
Customer Comments										

26. ACCEPTER INFORMATION					
27. Signature		28. Acceptor (Last Name, First Name)			29. Grade
30. Organization	31. Office Symbol	32. Telephone No.	33. Date/Time Accepted (YYYYMMDD)	34. Total Reimbursable Cost	

35. PHOTO				
Assignments	Studio	Copy	Location	Alert
Number of Images				
Process	Roll	Sheet	Electronic	
Products Delivered	Prints	Proof Sheet	Accessioned	Total
Electronic				0
Manual				0

36. VIDEO SERVICES							
Assignments	CAC	Duplication	Editing	Off-Air/ Satellite	Recording	Standards Conversion	Total
Video Minutes							0
Products Delivered	Raw Footage	Edited	Duplicated	Accessioned			
Quantity of Media							

37. GRAPHICS															
Products Delivered	2D/3D Art	Animation	Book Covers	Certificates	Charts	Multimedia Presentations	Name Plates	Posters	Pub Pages	Signs	Slides	Web Page Design	WSV	Accessioned	Other
Electronic															
Manual															

38. PRESENTATIONS AND VTC				
Tasks	Conference Set Up/Tear Down	Conference Facilitation	VTC Set Up/Tear Down	VTC Facilitation
Hours				

39. TASKS AND MATERIALS						
Task Description	Performed By (Grade and Last Name)	Hours	Materials Used	Units	Cost Each	Total Cost
						\$0.00
Total Hours		0	Total Material Cost			\$0.00

40. PRODUCTS DELIVERED	41. QTY	PRODUCTS DELIVERED	QTY

42. QUALITY CONTROL	
Date/Time Completed (YYYYMMDD)	QC Performed by (Grade and Last Name)

43. CUSTOMER NOTIFICATION		
Date/Time Notified (YYYYMMDD)	Person Notified/Remarks	Notified By (Grade & Last Name)

## **INSTRUCTIONS FOR COMPLETING THE AF FORM 833**

### **PAGE 1 (BLOCKS 1-6 AND BLOCK 34 ARE TO BE COMPLETED BY MULTIMEDIA PERSONNEL ONLY)**

**Work Order No.:** Multimedia personnel enter the number of the requested work order.

**Priority:** Multimedia personnel enter priority of project (*Priority Code is determined by Base Multimedia Manger, i.e., 1, 2, 3, A, B, C, etc.*).

**Reimbursable:** Multimedia personnel enter a "yes" or "no" if the product is reimbursable.

**Date/Time Received:** Multimedia personnel insert the date and time the work order is filled out and received from the requester.

**Logged In By:** Multimedia personnel enter his or her first and last name on the work order he or she logs in.

**Projected Completion Date/Time:** Multimedia personnel identify the date and time he or she projects the product will be completed.

**Requester:** Requester identifies his or her last name and first name.

**Grade/Rank:** Requester identifies his or her Grade or Rank.

**Telephone No.:** Requester identifies his or her Commercial or DSN telephone number.

**Organization:** Requester identifies his or her organization of employment.

**Office Symbol:** Requester identifies his or her office symbol within his or her organization of employment.

**E-mail Address:** Requester identifies his or her e-mail address (*If no available e-mail address, enter "None" in the block*).

**Classification:** Enter in the security classification of the product (*i.e., Top Secret, Secret, Unclass*).

**Classified By:** If the product is reflected in block 13 as UNCLASSIFIED, no entry is required.

**Downgrade Schedule:** If the product is reflected in block 13 as UNCLASSIFIED, no entry is required.

**Support Required:** Requester places an "X" in the type (s) of support required for the work order.

**Function Supported:** Requester places an "X" in the type (s) of function the work order will support.

**Purpose and Justification:** requester enters a narrative describing the "who, what, when, where, and how" of the product.

**Project Title:** Requester identifies the title of the project to be completed.

**Date/Time Event:** If the workorder involves support for a specific event, requester identifies the date and time.

**Location:** If the workorder involves support for a specific event, requester identifies the location. A location can not be identified unless a date and time is specified.

**Description and Special Instructions:** Requester identifies in narrative format, any details to enhance understanding and completion of the tasks involved with the workorder (*may require assistance of multimedia personnel to complete this block*).

**Disposition of materials furnished:** Requester places an "X" in the appropriate block regarding materials he or she provide.

**I certify the products and services received from this request are for official government use only:** Requester legally verifies the request is official and signs and dates the blocks the block (*prevents fraud, waste, and abuse*).

**Customer Critique:** Upon completion of the products and services, the customer places an "X" where he or she desires, rating the product, customer service, and overall support provided by the Multimedia staff.

**Accepter Information:** MANDATORY that all blocks are filled in by individual receiving the completed products and services.

**Signature:** Acceptor signs acknowledging receipt of products and/or services.

**Acceptor:** Acceptor prints name.

**Grade:** Acceptor identifies his or her grade.

**Organization:** Acceptor identifies his or her organization of employment.

**Office Symbol:** Acceptor identifies his or her office symbol within his or her organization of employment.

**Telephone No.:** Acceptor identifies his or her commercial or DSN telephone number.

**Date/Time Accepted:** Acceptor enters the date and time at moment he or she accepts completed products and/or services.

**Total Reimbursable Cost:** The multimedia personnel will transfer the total reimbursable costs from the back side of the AF Form 833 from block 39 and write it in blocks 34 on the front side.

### **PAGE 2 (BLOCKS 35-43 ON BACKSIDE IS TO BE COMPLETED BY MULTIMEDIA PERSONNEL ONLY)**

**Photo:** Photo personnel enter the following information:

Number of Images: Enter total images captured for: Studio, Copy, Location, Alert (*regardless if not used for final product*)

Process: Enter the total number of images processed (*by roll, sheet, or electronically*)

Products Delivered: Enter the quantity of products delivered to the customer and accessioned (*if applicable*) in appropriate block (s), (*electronic or manual*), (*LIST all materials used in block 39 under "Materials Used"*.)

**Video:** Video personnel enter the following information.

Video Minutes: Enter total minutes of footage used/acquired (*regardless if not used for final product*).

Quantity of Media: Enter number of media items delivered (*LIST specific types and all materials used, including tapes, CDs, DVDs, files, etc., in block 39 under "Materials Used"*.)

**Graphics:** Graphics personnel enter the following information:

Products Delivered: Enter the quantity of products delivered to the customer and accessioned (*if applicable*) in appropriate block (s), (*electronic or manual*), (*LIST all materials used in block 39 under "Materials Used"*.)

**Presentations and VTC:** Enter total number of hours dedicated to each part of the process.

**Tasks and Materials:** Break down all tasks and enter in "Task Description" (*e.g., Accessioning, lamination, camera operations, scriptwriting, etc.*) section, filling in personnel and manhour information for each. Enter all materials used including those for drafts, reshoots, waste, etc., and fill in the "Materials Used" section.

**Description of Type (s) of Products Delivered:** Describe specific products delivered to the requester (*e.g., 30x40 posterboard, 8x10 color print, 2x2 passport photo, etc.*)

**Quantity:** Enter the quantity of each type of product delivered.

**Quality Control:** Enter the Date/Time QC was performed, print, and sign.

**Customer Notification:** Log all attempts to notify the requester to come to pick up completed work.