

Directions: Please fill out the blue areas and email to 7bwpa@us.af.mil or drop off at the PA office in the Wing HQ Building, room 210 on the 2nd floor, NLT 5 duty days prior to the event.

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	Graphics	<input checked="" type="checkbox"/>	Photo	Video	Presentations	
	VTC/DL	<input type="checkbox"/>	Self Help	Other (Specify)		
17. Function Supported (Mark all that apply)	Training	<input type="checkbox"/>	Recruiting	Public Information	Combat Readiness	
	Medical/Dental	<input type="checkbox"/>	Installation Support	Research, Development, Test & Evaluation		
	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	<input type="checkbox"/>									
Product Satisfaction	<input type="checkbox"/>									
Customer Service	<input type="checkbox"/>									
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
Admin						
site survey/ travel						
shoot						
edit						
afpims						
social media						
AFMC, DVIDS						\$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.

Acceptor 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.

GENERAL TALENT RELEASE

The United States Government has requested that I grant, release, and discharge certain rights arising from my participation, or the participation of an infant or minor child for whom I execute custody, in a video or audio recording or presentation entitled:

" _____ " ;

PIN _____ or PAN _____ which is being made by or produced for the United States Government.

This grant, release, and discharge of said rights to the United States Government is made freely and without expectation of recompense of any kind, in full cognizance of the risks inherent in the operational techniques employed in the production, including, but not limited to, the focusing of lights upon me or the infant or minor child; and in contemplation of the reliance by the United States Government upon the rights herein granted and released.

I hereby grant and release to the United States Government the following rights:

a. To use my name, or that of said infant or minor child, in any manner; photographs, likenesses, acts, poses, plays, and appearances made in connection with the said production to record, reproduce, amplify, simulate, filter or otherwise distort my voice or the child's voice and all instrumental, musical, and other sound effects produced by me or by the child; and to reproduce, duplicate, publish, exhibit, use or transmit the same or any parts thereof, by any means, in any manner and for any purpose whatsoever; and to do the same perpetually.

b. To "double" or "dub" my voice, acts, poses, plays, and appearances, or those of the infant or minor child, and all instrumental, musical and/or other sound effects produced by me or said infant or minor child to such extent as may be desired by the United States Government.

This voluntary grant and release will not be made the basis of a future claim of any kind against the United States Government. I release and discharge the United States Government from any cause of action arising from my participation or the participation of the infant or minor child in the production.

This grant, release, and discharge shall inure to the benefit of the United States Government, and its officers, agents, servants, and employees when acting in their official capacities; and to persons, firms or corporations contracting with the United States Government, and their heirs, executors, administrators, successors, or assigns; and to any other persons lawfully reproducing, distributing, exhibiting, or otherwise using the said production or any portion thereof.

The person or persons granting and releasing the rights set forth above are as follows:

1. TALENT

a. TYPED OR PRINTED NAME <i>(Last, First, Middle Initial)</i>	b. SIGNATURE <i>(If under 18 years of age, parent or guardian must sign below.)</i>	c. DATE <i>(YYYYMMDD)</i>
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2. PARENT OR LEGAL GUARDIAN *(Complete if talent is under 18 years of age.)*

a. TYPED OR PRINTED NAME <i>(Last, First, Middle Initial)</i>	b. SIGNATURE	c. DATE <i>(YYYYMMDD)</i>
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3. WITNESS

a. TYPED OR PRINTED NAME <i>(Last, First, Middle Initial)</i>	b. SIGNATURE	c. DATE <i>(YYYYMMDD)</i>
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