

MEDICAL GRAPHIC ARTS DEPARTMENT

WORK ORDER REQUEST



Customer Section

Name _____ Phone _____

Email Address _____

Command _____ Division/Directorate _____

Date Ordered _____ Date Due _____

Project Description

Project Name/Title _____
Publication Title, Poster Title, Table Clinic Title, Brochure Title, etc.

Project Type/Quantity _____
Poster Session, Table Clinic, Logo/Seal, Flyer, Mounting, etc.

Project Size _____
Final Output and Trim Size

Project Use _____
Competition, Clinical Display, Symposium, Presentation, Training, General Information, etc.

If Project is for a Meeting or Symposium Please Supply Meeting Name, Date and Location

Audience _____
Who Will Project Be Distributed To? Physician, General Audience, etc.

Distribution _____
Where Will Project be Viewed, Department, Compound, State Wide, Nation Wide, International, etc.

MGA Section

Job Number _____ SPA Number _____

Artists _____ Art Type _____

Job Tracking:

COMMENTS:

CUSTOMER SIGNATURE

PICK UP DATE