



# CENTER FOR HEALTH SCIENCES

## Production Request Form

### Graphic Arts and Photography Department

Graphic Art/Design

Photography Services

1. Name	2. Date of Request	Date Needed (No ASAP)
3. Phone/Pager	4. Department	
5. FAX	6. Name on ProCard (for outside printing charges)	
7. Email Address	8. Category	Administrative    Research Instructional    Other_____

#### 9. DESCRIPTION OF JOB (BE SPECIFIC)

In-house jobs require 4-5 days to complete depending on workload and size of request.  
 Outside printing jobs require 7-10 days to complete (not including production time for new artwork).

**Please list quantity, size, etc.**

#### FOR LOCATION PHOTOGRAPHY REQUESTS

Location: \_\_\_\_\_ Time: \_\_\_\_\_

Subject: \_\_\_\_\_

Purpose: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone/Pager: \_\_\_\_\_

*I certify that the requested material is for use in official programs of the Oklahoma State University Center for Health Sciences.*

\_\_\_\_\_  
 Authorized Signature

Work Completed by:	Time Required:	Delivery Date:
Outside Vendor/\$ Amount:	Date Sent:	Date Received: