

CAMERA DEPARTMENT FILM DEVELOPING PURCHASE ORDER	PURCHASE ORDER #
---	-------------------------

Laboratory:	Date:
-------------	-------

Address:	
----------	--

City:	State:	Zip:
-------	--------	------

Phone:	Fax:
--------	------

Prod. Title:	Prod. No.
--------------	-----------

Prod. Co.

Contact Name:

Address:	
----------	--

City:	State:	Zip:
-------	--------	------

Phone:	Fax:
--------	------

Film Type and Format	<input type="checkbox"/> 16mm	<input type="checkbox"/> Super 16mm	<input type="checkbox"/> 35mm	<input type="checkbox"/> Super 35mm	<input type="checkbox"/> Color	<input type="checkbox"/> B & W
----------------------	-------------------------------	-------------------------------------	-------------------------------	-------------------------------------	--------------------------------	--------------------------------

Number of 400-ft Rolls/Cans:	Footage:		Roll Numbers:
Number of 1000-ft Rolls/Cans:	Footage:		
Number of Other Rolls/Cans:	Footage:		
Total Number of Rolls/Cans:	Total Footage:		

<input type="checkbox"/> Process Normal	<input type="checkbox"/> One Light Print	<input type="checkbox"/> Best Light Print
<input type="checkbox"/> Prep for Video Transfer	<input type="checkbox"/> Time to Gray Scale	<input type="checkbox"/> Timed Work Print
<input type="checkbox"/> Special Processing	<input type="checkbox"/> Time to These Lights	_____ - _____ - _____
<input type="checkbox"/> Print All	<input type="checkbox"/> Print Circle Takes Only	
<input type="checkbox"/> Other		

TRANSFER TO	<input type="checkbox"/> MINI DV	<input type="checkbox"/> DVC-PRO	<input type="checkbox"/> DV-CAM	<input type="checkbox"/> HD CAM	<input type="checkbox"/> BETA
	<input type="checkbox"/> DIGI BETA	<input type="checkbox"/> 8MM	<input type="checkbox"/> HI 8	<input type="checkbox"/> DIGITAL	
	<input type="checkbox"/> VHS	<input type="checkbox"/> S-VHS	<input type="checkbox"/> VHS-C	<input type="checkbox"/> S-VHS-C	
	<input type="checkbox"/> OTHER				

Special Instructions:	

<input type="checkbox"/> Vault Original	<input type="checkbox"/> Return Original with Order
<input type="checkbox"/> Other	

_____ Signature	_____ Date
--------------------	---------------