

CAMERA DEPARTMENT FILM DEVELOPING PURCHASE ORDER	PURCHASE ORDER #
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Laboratory:	Date:
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Address:	
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City:	State:	Zip:
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Phone:	Fax:
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Prod. Title:	Prod. No.
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Prod. Co.	
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Contact Name:	
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Address:	
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City:	State:	Zip:
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Phone:	Fax:
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Film Type and Format	
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<input type="checkbox"/> 16mm	<input type="checkbox"/> Super 16mm	<input type="checkbox"/> 35mm	<input type="checkbox"/> 65mm	<input type="checkbox"/> Color	<input type="checkbox"/> B & W
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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"/> Push	<input type="checkbox"/> Pull	<input type="checkbox"/> 1 Stop <input type="checkbox"/> 2 Stops
<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"/> HARD DRIVE	
	<input type="checkbox"/> OTHER			

Special Instructions:	

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

_____ Signature	_____ Date
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