

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
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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"/> PRINT ALL	<input type="checkbox"/> TIME TO THESE LIGHTS	_____ - _____ - _____
<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 8MM	
	<input type="checkbox"/> VHS	<input type="checkbox"/> S-VHS	<input type="checkbox"/> VHS-C	<input type="checkbox"/> S-VHS-C	
	<input type="checkbox"/> OTHER				

<input type="checkbox"/> PRINT ALL	<input type="checkbox"/> PRINT CIRCLE TAKES ONLY
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SPECIAL INSTRUCTIONS	

VAULT ORIGINAL
 RETURN ORIGINAL WITH ORDER

SIGNATURE _____