

<b>VISUAL INFORMATION (VI) WORK ORDER</b> The proponent agency is DPTMS.	1. WORK ORDER NUMBER (VI Facility Only)
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**SECTION I – REQUIREMENT NOTE:**

3 TO  Training Support Center Wiesbaden Visual Information Office Building 1032 Clay Kaserne	4. FROM
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3b. POC E-MAIL ADDRESS	4b. ALT POC E-MAIL ADDRESS
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5. ACCOUNT CODE	6. ACCOUNT NO
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7a. REQUESTER (Name, Grade)	b. PHONE NUMBERS	8. DATED REQUESTED (YYYYMMDD)
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9a. ALTERNATE POINT OF CONTACT (Name, Grade)	b. PHONE NUMBERS	10. DATE REQUIRED (YYYYMMDD)
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<b>11. QUANTITY</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>(a) Posters</td><td></td></tr> <tr><td>(b) Cameras</td><td></td></tr> <tr><td>(c) Multimedia Projectors</td><td></td></tr> <tr><td>(d) Projector Screen</td><td></td></tr> <tr><td>(e) PA System</td><td></td></tr> <tr><td>(g) Multi CD/DVD Copies</td><td></td></tr> <tr><td>(h) Other (Specify)</td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> </table>	(a) Posters		(b) Cameras		(c) Multimedia Projectors		(d) Projector Screen		(e) PA System		(g) Multi CD/DVD Copies		(h) Other (Specify)																				<b>12. DESCRIPTION OF WORK (Attach diagrams, etc., and list enclosure(s))</b>
(a) Posters																																	
(b) Cameras																																	
(c) Multimedia Projectors																																	
(d) Projector Screen																																	
(e) PA System																																	
(g) Multi CD/DVD Copies																																	
(h) Other (Specify)																																	

13. JUSTIFICATION FOR REQUESTED SERVICE

14a. <i>Requested service is for official purposes and is required by stated deadline.</i>	14b. VALIDATION SIGNATURE
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**SECTION II - JOB ASSIGNMENT (FOR AUDIOVISUAL OFFICE USE ONLY)**

15. DATE RECEIVED (YYYYMMDD)	16. DATE ASSIGNED (YYYYMMDD)	17. AUDIOVISUAL FACILITY APPROVAL (Signature)
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18. SPECIAL INSTRUCTIONS

**SECTION III - WORK RECEIPT**

19a. CUSTOMER NOTIFIED	19b. RECEIVED BY (Signature)	19c. DATE (YYYYMMDD)
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