|  |
| --- |
| **DELU WORK ORDER FORM** |
|  |
| REQUESTER NAME |  | PHONE NO |  |
| EMAIL |  | DEPARTMENT/DIVISION |  |
|  |
| REQUESTER'S SIGNATURE |  | NO OF DAYS OF THE EVENT |  |
|  |
| DATE OF REQUEST |  | EXPECTED DATE OF COMPLETION |  |
|  |
| DATE & TIME FOR THE EVENT |  | PLACE OF EVENT |  |
|  |
| **SERVICE REQUIRED** |

PLACE AN "X" IN THE APPROPRIATE BOX OR BOXES

 VIDEO OTHER

 PHOTOGRAPHY

 EDITING

DUBBING

WORKSHOP IN E-LAB

DESIGNINGS

GRAPHICS

COMPILING

|  |
| --- |
| **PURPOSE OF THE WORK** |
|  |
| **TARGET AUDIENCE** |
|  |
| **ADDITIONAL NOTES** |
|  |
| The assigned duty was successfully completed | YES | NO | Signature of the requestor |  |
|  |  |
| \* Services like editing, dubbing and graphic designing may not be able to complete on the due date depending on the existing workload. |  |  | Signature of Director/DELU |  |