

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

- | | | | |
|--------------------------|-------------------|--------------------------|-------|
| <input type="checkbox"/> | VIDEO | <input type="checkbox"/> | OTHER |
| <input type="checkbox"/> | PHOTOGRAPHY | | |
| <input type="checkbox"/> | EDITING | | |
| <input type="checkbox"/> | DUBBING | | |
| <input type="checkbox"/> | WORKSHOP IN E-LAB | | |
| <input type="checkbox"/> | DESIGNINGS | | |
| <input type="checkbox"/> | GRAPHICS | | |
| <input type="checkbox"/> | 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	