



College Relations – Media Services – TV Studio TV-VIDEO PRODUCTION WORK ORDER

Please complete form and forward to RoseAnn D’Urso, Manager of Promotional Programming.
Call extension 2466 with questions or email rdurso@ocean.edu.

PLEASE PRINT

Today’s Date: _____

Project Delivery Date: _____
(Please Note: 90 days minimum required)

Contact Person: _____

Department: _____

Campus Extension: _____

Alternate Phone: _____

Working Title of Video Project: _____

BUDGET

Budget Manager’s Name: _____

List all funding sources and dollar amounts committed to this Video Project:

<u>Funding Sources</u>	<u>Dollar Amount</u>	<u>Account Number</u>

CLIENT SIGNATURES

I acknowledge that I have a funding source identified to either pay talent/make-up artist via invoice or to reimburse the Media Services Department for any extraordinary costs and those costs beyond the scope of services traditionally provided free-of-charge by Media Services. (PLEASE NOTE: Before any work begins, an estimate of charges will be provided to Budget Manager/Contact Person for approval. This estimate is ONLY a working number based on the information provided on this form. Change orders, added shooting, lengthy editing sessions, or a change in the number of copies for distribution will affect the final cost of this Video Project.)

Approval Signature: _____
Budget Manager

_____ Date

Approval Signature: _____
Area Vice President

_____ Date

PLEASE NOTE:

BEFORE FILMING WILL BEGIN, PROPERLY FILLED OUT AND SIGNED
RELEASE FORMS FOR ALL INDIVIDUALS APPEARING IN VIDEO MUST BE ACQUIRED.
A PARENT OR GUARDIAN MUST SIGN FOR ALL MINORS 17 YEARS OF AGE AND UNDER.

Working Title of Video Project: _____

Brief Description of Project (attach synopsis, concept proposal, etc., if applicable):

Who will be filmed for the Video Project? Check all that apply:

Actor(s) Community OCC Alumni OCC Faculty/Staff OCC Students
 Other (please specify) _____

What are the intended uses for this Video Project? Check all that apply:

Instructional Advertising Broadcast Marketing /PR/Promotional Recruitment

Where will the Video Project be shown? Check all that apply:

In-Class On-Campus Off-Campus TV Ch. 20 Other TV Channels (please specify) _____
 OCC Web Other Web Site (please specify) Social Networks Other (please specify) _____

To whom will the Video Project be shown? Check all that apply:

Faculty Staff Students General Public Business/Educational Organizations

What is the intended length of Final Video Project?

30 Seconds 60 Seconds Minutes (write in number) _____ Hours (write in number) _____

How many copies of the Video Project will be required and in what format?

DVD CD Other (please explain) _____

Will this Video Project be distributed? If yes, to whom? Check all that apply:

Faculty Staff Students General Public Other (please explain) _____

Will this Video Project be distributed: FREE or sold for a FEE ?

What is the Filming Location for the Video Project? Check all that apply:

ON-Campus Inside _____ Outside _____ *Write-in Location(s)* _____
 OFF-Campus Inside _____ Outside _____ *Write-in Location(s)* _____

Is a Script required? YES NO **If yes, who will provide a Script?** _____

