

(FORWARD 3 COPIES TO DSS-OG OR OV UPON COMPLETION)

TECHNICAL PRESENTATIONS WORKORDER		DATE OF REQUEST	DATE DUE	DATE COMPLETED	CONTROL NUMBER		
REQUESTING ACTIVITY		NAME OF REQUESTOR (Print or Type)		TELEPHONE	BLDG/ROOM NUMBER		
APPROVING OFFICIAL (Print or Type)			APPROVING OFFICIAL (Signature)				
PURPOSE				SECURITY CLASS.	NO. ENCLOSURES		
SERVICE(S) REQUIRED (Be Specific)							
DATE & TIME OF PHOTO ASSIGNMENT/AV PRES.		LOCATION		NO. OF AWARDS	NO. OF PEOPLE AT AV PRES.		
FOR DSS-OP OR -OV USE ONLY- DO NOT WRITE BELOW LINE							
ROUTING		DATE/TIME IN	DATE/TIME OUT	MATERIAL COST	MINUTES	LABOR RATE	LABOR COST
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
TOTAL							
SPECIFIC INSTRUCTIONS/COMMENTS				➔ MATERIALS		+	
				SUBTOTAL		\$	
				OVERHEAD RATE		X	
				TOTAL		\$	