

DOCUMENTATION SERVICE REQUEST FORM

Name of requestor : _____
 Department/company of requestor : _____
 Contact number/s : _____
 Date / Time of Request :-----
 Mode of request : walk-in by phone/text e-mail/letter/memo
 Subject of request:_____

Type of service :

Coverage :
 Date / Time of coverage _____
 Place of coverage : _____

Production :
 Media/Format: newspaper/print radio/audio tv/video Internet
 Due date : _____

Others _____

Purpose/Specifications : _____

DOCUMENTATION JOB ORDER (To be filled out by MPD)

Media Product:	Assigned Personnel	Target Date/Time of Completion
STORY	_____	_____ / _____
PHOTO	_____	_____
VIDEO	_____	_____
OTHERS	_____	_____

Production details: _____

Assisted by :

Approved / Disapproved

Signature over Printed Name

ARMINA BELLEZA C. LLAMAS
Officer-In-Charge

COMPLETION:

	Date/Time Submitted	Verified by	Remarks
STORY	_____	_____	_____
PHOTO	_____	_____	_____
VIDEO	_____	_____	_____
OTHERS	_____	_____	_____

Control No. MPD-DSR- 22

