

**U.S. DEPARTMENT OF AGRICULTURE
REQUEST FOR VIDEO, TELECONFERENCE, AND RADIO SERVICES**

**REQUESTING
AGENCY**

Agency Name _____

Agency Contact (Name/Room/PhoneNo.) _____

FFIS Reference Document Number _____

Date of Request _____

Projected Completion Date _____

Name of Authorizing Official _____

Signature _____

Estimated Cost Confirmed with
(VTR Center Staff) _____

**TYPE OF
SERVICE**

Audio Press Conference _____

Video Press Conference _____

Audio Teleconference _____

Video Teleconference _____

Video News Release _____

PSA (Radio/T.V.) _____

Multimedia Production _____

Video Production _____

Multimedia Duplication _____

Video Duplication _____

Other Services _____

DESCRIPTION

Working Title: _____

Objective: _____

Audience: _____

**PROJECT
COMPLETION**

Project was completed on _____
(Date)

(Signature of Agency Representative)

(To be completed by VTR Center Staff Only)

Date received in VTR Center _____ VTR Center Number _____

INSTRUCTIONS: Upon completion, please provide an original and a copy of this form to: Video, Teleconference & Radio Center, OC, Room 1614-S. Also, send one (1) copy to your agency financial officer.