



FORM AD-652 Request for Creative Services

PROJECT INFORMATION

Date of Request	Due Date
Agency Name	
Project Contact (Name/Phone)	
Project Title	
Project Description	
Authorizing Official (Name)	Signature

Project Type

- | | | |
|---|---|---|
| <input type="checkbox"/> Print Collateral | <input type="checkbox"/> Event Collateral | <input type="checkbox"/> Audio Teleconference |
| <input type="checkbox"/> Exhibit/Display | <input type="checkbox"/> Information Campaign | <input type="checkbox"/> Video Teleconference |
| <input type="checkbox"/> Presentation | <input type="checkbox"/> Video Production | <input type="checkbox"/> Webcasting |
| <input type="checkbox"/> Web Design | <input type="checkbox"/> Interactive Media | <input type="checkbox"/> DVD Duplication |
| <input type="checkbox"/> Other _____ | | |

CMBC Use Only

Project Number
Project Manager
Date Logged In
Estimate
Estimated Completion Date
Accounting Code
Forecast of Revenue Number

PAYMENT INFORMATION (to be completed by agency financial staff)

Vendor Code (FMMI) 1400000355	CAN/Vendor Code (FFIS) – insert 2-digit agency code &CM 2AC20 P
MO/PO Number	
Financial Management Contact (Name/Phone)	

2-Digit Agency Codes:

11 FS
16 NRCS

Agency Financial Staff:

Please use the vendor code/CAN shown on this form when creating your MO (FFIS) or PO (FMMI). Please return this form and screen prints of your FFIS OBLH and OBL MO or M1 documents or your FMMI PO to the Creative Media and Broadcast Center.