

FORM CD-10 (REV. 6-00)	B PHOTOGRAPHIC SPECIFICATION SHEET	U.S. DEPARTMENT OF COMMERCE OFFICE OF PUBLIC AFFAIRS		A. BUREAU		B. ORIGINATING OFFICE		C. REQUISITION NUMBER									
		D. PERSON TO CONTACT				E. PHONE NUMBER		F. DATE SUBMITTED									
		G. TITLE OR DESCRIPTION OF JOB						H. DELIVERY DATE REQUESTED									
						I. SUB NUMBER											
MATERIALS SUBMITTED <i>(Indicate Quantity)</i>																	
☐ PHOTOS ☐ NEGATIVES ☐ LINE COPY ☐ FILM ☐ SLIDES ☐ VU-GRAPHS ☐ TRANSPARENCIES																	
1. LOCATION ASSIGNMENTS			☐ COMMERCE ☐ OUTSIDE <i>(Give address)</i>			3C. PRINTS		INDICATE QUANTITY OF EACH									
DATE		TIME				☐ CONTACT PRINTS		1st PRINT UP TO 8x10	INITIALS	UNIT RATE	709						
ADDRESS		INITIALS		HOURLY RATE		701	☐ ENLARGEMENTS		2nd—10th UP TO 8x10			710					
ROOM NUMBER							☐ REPRINT ORDER		11 OR MORE UP TO 8x10			711					
2. STUDIO PHOTOGRAPHY						SIZE		LARGER THAN 8x10			712						
☐ PORTRAIT	QUANTITY	INITIALS		UNIT RATE		702	☐ 4x5	☐ 11x14	2nd—10th LARGER THAN 8x10			713					
☐ TABLE TOP						703	☐ 5x7	☐ 16x20	11 OR MORE LARGER THAN 8x10			714					
☐ OTHER						704	☐ 8x10	☐ 20x24									
3. LABORATORY WORK						☐ BLACK AND WHITE ☐ COLOR		4. PHOTOCOPY		☐ LINE ☐ CONTINUOUS TONE							
☐ GLOSSY ☐ MATTE ☐ DIGITAL ☐ OTHER <i>(SPECIFY)</i> _____						☐ FILM NEGATIVE ☐ VU-GRAPHS ☐ DVD						☐ SLIDES ☐ TRANSPARENCIES ☐ CD		QUANTITY	INITIALS	UNIT RATE	715
5. RETOUCHING						☐ DIGITAL ☐ TRADITIONAL		QUANTITY		INITIALS	UNIT RATE	716					
6. SCANNING						☐ NEGATIVE /TRANSPARENCY ☐ FLATBED		QUANTITY		INITIALS	UNIT RATE	717					
3A. FILM DEVELOPING <i>(Indicate number of rolls or individual negatives submitted)</i>						7. ELECTRONIC IMAGE TRANSMISSION				QUANTITY		INITIALS	UNIT RATE	718			
ROLLS-QUANTITY		INITIALS		UNIT RATE		705			INITIALS	HOURS	719						
CUT-QUANTITY						706	8. PHOTO RESEARCH										
3B. PROOFS		☐ 8x10		INITIALS		UNIT RATE	707	CONTRACTED TO									
QUANTITY		☐ LARGER THAN 8x10				708											
ADDITIONAL INFORMATION						APPROPRIATION NUMBER											
						BUREAU COST ESTIMATE(S)		OVERTIME AUTHORIZED		QUALITY ASSURANCE							
						☐ YES		☐ NO									
						REVISED ESTIMATE		BUREAU APPROVAL		O.P. INITIAL/DATE							
						PERSON MAKING THIS REQUEST		PHONE NO.									
						ORIGINATING OFFICIE											
						BUREAU REPRESENTATIVE <i>(SIGNATURE)</i>				INCOMING REQ. DESK		CLOSE OUT DATE					
						BUDGET OFFICER <i>(FUNDS OBLIGATED) (SIGNATURE)</i>				DATE		INITIALS					