

AD-271

**U.S. Department of Agriculture  
Request for Photographic Services**

1. Submit an original and two copies to Photography Division, Office of Information, OGPA, Room 4425 So.
2. Do not schedule an appointment for studio photography prior to submitting requisition to the Photography Division.
3. Submit separate requests for black & white and color.
4. Shaded area to be filled in by Photographic Division Personnel.

<b>1. Contractor's No.</b>	<b>2. Cost</b>	<b>3. In-House Cost</b>
<b>4. Requesting Agency, Division, Branch</b>		
<b>5. Photo Service No.</b>	<b>6. Appropriation No.</b>	
<b>7. Reimbursement Code</b>	<b>8. Date Submitted</b>	<b>9. Due Date</b>
<b>10. For Further Information Call</b>		<b>11. Telephone No.</b>

**Description of Work**

12. Copy Negatives	Quantity		Size	17. Film Developing	No. of rolls	Type
	Ea.	of				
<input type="checkbox"/> B/W				<input type="checkbox"/> B/W		
<input type="checkbox"/> Color				<input type="checkbox"/> Color Negative <input type="checkbox"/> Slides		
				<input type="checkbox"/> Number & File Negatives		
				<input type="checkbox"/> Return Negatives		
<b>13. Prints (List negative numbers in sequence below)</b>				<b>17a. Contacts</b>		
				No. per roll:		
				<b>18. Paper</b>		
				<input type="checkbox"/> B/W	<input type="checkbox"/> Cropped	
				<input type="checkbox"/> Color	<input type="checkbox"/> Full Frame	
				<input type="checkbox"/> SW Glossy	<input type="checkbox"/> Borderless	
				<input type="checkbox"/> SW Matte	<input type="checkbox"/> Autograph Border	
				<input type="checkbox"/> Cibachrome	<input type="checkbox"/> Other	
				<b>19. Mounting</b>		
				<input type="checkbox"/> Gator board    Thickness _____		
				<input type="checkbox"/> Foam Core        Size _____		
				<input type="checkbox"/> Other _____		
				<b>20. Photography (Give additional information in 25)</b>		
				<input type="checkbox"/> In-House	<input type="checkbox"/> Freelance	
<b>14. Slide Duplication</b>				<b>21. Studio Photography</b>		
<input type="checkbox"/> B/W <input type="checkbox"/> Color				<input type="checkbox"/> Portrait	<input type="checkbox"/> B/W	
<input type="checkbox"/> Number <input type="checkbox"/> Collate <input type="checkbox"/> Box				<input type="checkbox"/> Identification	<input type="checkbox"/> Color	
<b>15. Ozalid Slides</b>				<b>22. Deliver Completed Order To:</b>		
<b>16. View Graph</b>				<b>23. Room No.</b>	<b>24. Telephone No.</b>	
<input type="checkbox"/> B/W <input type="checkbox"/> Color						

25. Additional Information (Attach additional sheets, if necessary.)

<b>26. Signature of Official Approving Request</b>	<b>27. Completed Order Received by</b>	<b>28. Date</b>
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