



Choctaw Video Work Order
DVD Requests

Date:

Client's Name:

Contact Numbers:

Work Description:

Due Date:

Amount Due:

PRODUCTION RECORD

Assigned to:

Date Received:

Date Completed:

BILLING INFORMATION

Public Information Office Only:

Date of Payments	Deposit	Paid in Full	Balance

Delivery Date: _____

Picked Up By: _____

***RETURN FORM TO THE OFFICE OF PUBLIC INFORMATION OR BY EMAIL TO: DALRICK.SMITH@CHOCTAW.ORG ***