



FORM AD-652 Request for Creative Services

PROJECT INFORMATION

Date of Request	Due Date
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Agency Name

Project Contact (Name/Phone)

Project Title

Project Description

Authorizing Official (Name)	Signature
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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)
1400000294

CAN/Vendor Code (FFIS) – insert 2-digit agency code
&CM 1AC20 P

MO/PO Number

Financial Management Contact (Name/Phone)

2-Digit Agency Codes:

02 AMS	11 FS	34 APHIS
36 GIPSA	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 OBLL MO or M1 documents or your FMMI PO to the Creative Media and Broadcast Center.