



# 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) <b>1400000294</b>	CAN/Vendor Code (FFIS) – insert 2-digit agency code <b>&amp;CM 1AC20 P</b>
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.