



PRODUCTION ORDER FORM

Company _____ Date _____
Contact _____ Tel # _____
Address _____ Cell # _____
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AUDIO: Source/Quantity _____ Date Expected _____
Ex. Cassettes, Audio files, Webcast, etc.

FORMAT: Magazine ___ Script ___ Medical ___ Time-Code ___ Visual Time Code ___

DIALOGUE SITUATION: Interview ___ Speech ___ Roundtable / Panel Discussion ___
(3+ Participants)

TURNAROUND: Standard Turnaround ___ Rush ___ Super Rush ___
(48 hours or more) (Next Day) (Same Day)

TITLE OF JOB: _____

FINISHING:

(Check All That Apply)

Printed Copy Yes ___ No ___

*CD-R Yes ___ No ___

Return original materials:
Yes ___ No ___

Convert Transcripts to: _____
(Example: MS Word for PC or MAC)

Completed Transcript(s) Forward to:

E-mail: _____

E-mail: _____

E-mail: _____

If yes, by what means of delivery:

Our Messenger ___ Fed Ex ___ UPS ___ Other _____

Supply Fed Ex / Courier Number (if applicable): _____

Special Instructions: _____

**Additional Cost for CD-R - \$10.00 each*

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