

Graphic Design Request Form

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REQUESTOR'S NAME		PHONE	
EMAIL		DEPARTMENT	
PRIORITY LEVEL		ORDER DATE & TIME	
DATE NEEDED		DATE DELIVERED	
WORK AUTHORIZED BY		DEPT. TO BE BILLED	

PROJECT TITLE

REQUEST / PROJECT DESCRIPTION

PURPOSE OF PIECE

TARGET AUDIENCE

DESIGN TYPE / TYPE(S) OF PRODUCTS REQUESTED	Select the type of design needed by checking the appropriate box(es)	
	<input type="checkbox"/> Logo	<input type="checkbox"/> Print Ad
	<input type="checkbox"/> Banner	<input type="checkbox"/> Other
	<input type="checkbox"/> Brochure	<input type="checkbox"/> Other
	<input type="checkbox"/> Business Cards	<input type="checkbox"/> Other
	<input type="checkbox"/> Letterhead	<input type="checkbox"/> Other

GENERATIVE AI USE	<input type="checkbox"/> Check if generative AI can be utilized in the design process.
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SERVICE REQUIRED	ELEMENTS PROVIDED BY REQUESTING PARTY
Check the appropriate box(es) <input type="checkbox"/> Writing and/or Editing <input type="checkbox"/> Graphic/Web Design <input type="checkbox"/> Photography <input type="checkbox"/> Illustration	Check the appropriate box(es) <input type="checkbox"/> Text/Copy <input type="checkbox"/> Graphic Elements <input type="checkbox"/> Photography <input type="checkbox"/> Reference Material/Samples

If the requested piece is a new design, please be prepared to provide samples to illustrate your ideas.

REQUIRED ELEMENTS	
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SIZE AND FORMAT	
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EXISTING PHOTOGRAPHY AVAILABLE?	PREVIOUS DESIGNS
Check the appropriate box(es) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	

BUDGET	
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TIMELINE / DEADLINE

Indicate the completion date and any key milestones.

DATE	DELIVERABLE

APPROVAL PROCESS

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ADDITIONAL NOTES / COMMENTS

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