Order No. _____

SIS ☐ HBCA ☐

ARCHIVES OF MANITOBA
REQUEST FOR PHOTOGRAPHIC REPRODUCTIONS

PLEASE BE SURE TO COMPLETE:

Date Ordered: _____

Name: _____

Address: _____

_____

_____

Telephone: Work: _____

Home: _____

Fax: _____

E-Mail: _____

Reproductions Required For:

Personal Use ☐ Publication ☐ Legal ☐
Commercial/Business ☐ Film/Video/CD ROM ☐
Exhibition ☐ School/University ☐
Government ☐ Other ☐

Date Required: _____

Deliver by: Mail ☐ **Courier:** ☐ **FTP** ☐
Courier Name: **Acct No.:** _____

Will Pick Up at THE LAB WORKS ☐
464 Hargrave Street Tel: 943-9430
(Client will be contacted when order is complete. Vendor requires pre-payment.)
Purchase Order Number:

PST Exempt: ☐
GST Exempt ☐

Credit Card:
MC ☐
VISA ☐
AMER EX ☐

Credit Card No.: _____

Expiry Date: _____

Signature/Cardholder: _____

Special Instructions or Invoicing/Shipping Address, if different from above

Orders are normally processed within 10 working days and should be received by **Noon on Monday** to allow staff time to prepare material for Wednesday pick up by The Lab Works. A **$53.00** rush charge will be applied to orders required sooner. **If a negative has to be produced to complete an order, there will be an additional charge of $23.00/item. All negatives remain the property of the Archives of Manitoba.** Authorization of payment (purchase order, credit card number, or cheque, payable to The Lab Works) must be received before a request is submitted for processing. Client is responsible for determining whether the use of the image constitutes an infringement of Canadian copyright or privacy legislation.

PLEASE HAVE STAFF VERIFY ORDER PRIOR TO LEAVING

Neg. No.	Reference/Collection No.	Format	Size	Finish	Service

FORMAT: P = Print; **B&W** = Black and White; **C** = Colour; **T** =4"x5" Transparency; **SL** = 35mm slide; .
FINISH: **G** = Glossy; **PRL** = Pearl; **M** = Matte **SERVICE**: **MD** = Mounted **DS** = Digital scan

STAFF USE ONLY (Summary of Work Requested):

Response Letter: _____ Date to THE LAB WORKS: _____

Credit No. _____ Total No. Reproductions _____

Visit☐ Mail☐ Fax☐ Phone☐ E-Mail☐ Archives☐ Completed _____

revised 01-03-2009

Neg. No.	Reference/Collection No.	Format	Size	Finish	Service