



## Job Approval Form

JOB TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CLIENT \_\_\_\_\_ CONTACT \_\_\_\_\_

PO# \_\_\_\_\_ QUANTITY \_\_\_\_\_

### VIDEO DUPLICATION

\_\_\_\_\_ Sample Copy      \_\_\_\_\_ Spine label      \_\_\_\_\_ Face label

### AUDIO CASSETTE/CD DUPLICATION

\_\_\_\_\_ Sample Copy      \_\_\_\_\_ Labels

**Duplication Depot cannot proceed with the above job until approval is received. Please check label for spelling, content & placement. If there are any changes, mark the changes and do not sign this form. A form with corrections will be given to you for final authorization.**

If you are approving this sample, please fax or email approval.

The sample received has been reviewed and approved. Duplication Depot has the approval to proceed with the above job.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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