

NON-INSTRUCTIONAL CAPTION AND TRANSCRIPTION SERVICES

PROJECT TITLE: _____

Use this form to arrange caption and/or transcription services for non-instructional materials from Automatic Sync Technologies, such as academic research or university business. To arrange captions or transcription for instructional materials, contact OIT.

REQUESTER INFORMATION

Name: _____

Email: _____

Phone extension: _____

Department: _____

OIT representative: _____

OIT will facilitate the transfer of content between you and AST. Do not fill out this form until you have discussed your project with an OIT representative.

REQUESTED SERVICES

AST charges a per-minute rate for its services. Partial minutes are rounded up to the nearest minute. For projects with multiple audio files, consider the total project when calculating the estimated cost.

Service type (choose one):

- Captions only (no transcription) (\$.62/min) Transcription only (\$1.37/min) Transcription and captions (\$1.99/min)
 Audio description (\$8.50/min)

Total minutes needed: _____

Estimated total cost: \$ _____

Note: this is the estimated cost only. Submitted audio content is also subject to AST's quality standards. Audio quality that AST considers poor or degraded may be subject to a higher cost. You will be notified by OIT in that situation and will always have the opportunity to accept any additional cost before the work begins.

PAYMENT INFORMATION

Payment is required for all non-instructional services. Please indicate the relevant chart string that will be used to pay for this request.

Chart String: _____

Important: non-instructional transcription and captioning projects are billed in arrears based on AST's billing cycle to OIT. You will receive your final product first and then you will be billed at a later date.

FUNDING AUTHORIZATION

A person with funding authority for this request must acknowledge the following statement: "I authorize the use of the above chart string as payment for the requested services."

Print name of funding authority

Signature of funding authority

Print and deliver this form to the OIT representative associated with this project.

FOR OIT USE ONLY

Project completion date: _____

Completed by: _____

Final billable cost: \$ _____