



PROGRAM FILE DELIVERY FORM

This form is to be completed when delivering media to Network Ten on an external delivery device.

Media Supplied by: _____

Contact Number: _____

Return Address: _____

Drive ID: _____

Drive Format: (Circle) FAT32 NFTS HFS+

Container Type: _____ Video Format: _____ Audio Format: _____

Device Name/s: (E.g. LACIE) _____

Path to media: (Include partition) _____

File Name/s _____

10 USE ONLY

Contact Name: _____

Department Ext: _____

MATCHING MEDIA

(Programming Only)

Catalogue: _____

Version: _____

TX Date: _____

AVID

Project Name: _____

Interplay Folder: _____

Workspace: _____

MAM

Slug: _____

Content type: (E.g. Production) _____

Description: _____

Retention Policy: (Circle) 7 Days 30 Days 12 Months KEEP

