

Episode Information

#____ Title (max. 30 characters): _____

Run Date: ____/____/____ Submission Date: ____/____/____ TRT (MM:SS): ____:____

Description _____

Copy format: _____ I will provide media PSA will provide media (for cost of media)

Staff initials + m/d: Exported: ____/____/____ Entered in Cablecast: ____/____/____ Show ID: _____

Windows Media test: ____/____/____ Video Server test: ____/____/____ Copy made: ____/____/____

Transcoded for On Demand: ____/____/____ Producer Media in Out Folder ____/____/____

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