

KODAK FILM PRODUCTION FORM (London)*PLEASE NOTE: Payment is required upfront unless you are set up with payment terms through Kodak. Please make payments by credit card or bank transfer.*

Project Title:							
Production C	ompany:						
Director:	Director:Cinematographer:						
Producer (s)	:						
Principal Pho	Pate:						
PRODUCTIO	N BILLING INFO:						
Company VA	T Number:						
Name:	Phone	:Emai	l:				
Address:	Street Address						
	Street Address	P.O.	Box/Suite				
	City	Post	Code				
/uploadedFiles/Mo this Lab Agreeme by the Terms of Se and any such mod	tion/Support/Kodak_Laboratoriont Form. You acknowledge that	t by signing this Lab Agreement t to make non-material modifica e above-referenced location.	-20180326.pdf and form part of Form you agree to be bound				
		Signature	Date				
Kodak Accou	unt Manager:	Cianatura	Data				
		Signature	Date				



SCANNING SPEC SHEET

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1. Client Technical Contact Name:	
2. Client Technical Phone Number:	
3. Film Format: Std 16mm Super 16mm 35mm	2perf 35mm 3perf 35mm 4perf 65mm
4. Footage:	ft
5. Film Frame Rate:	fps
6. Frame leader supplied: Yes/No	
7. Scan Framing Ratio: 4:3 16:9 1.66 1.85	2.40 Full Frame Open Gate Overscan
PRIMARY FILE FORMAT	
8. Resolution: 4K 2K 1080	
9. Bit Depth: 10bit Log 16bit Log	
10. File format: DPX ProRes	
DAILIES FILE FORMAT	
11. Resolution: 4K 2K 1080	
12. File format: ProRes 4444 ProRes HQ ProR DNxHD 115 DNxHD 185 QT H.264	es LT ProRes Proxy DNxHD 36
13. Masking To: Supplied Frame leader 4:3 16	5:9 1.66 1.85 2.40 2:1
14. Dailies Grade: Best Light (Graded) Technical	Grade (Non Clip or Crush) LOG (Flat Scan)
15. Sound Sync: Yes No	
FILE DELIVERY	
15. Drive: Client Supplied* Kodak Supplied	
16. Drive Delivery: Client collection Kodak cour	rier
*For same day delivery drive must meet min spec. Thunder at least 240 MB/s. NB: DPX files will be kept for 7 days onl	

INTERNAL USE ONLY

PRICE: £	p/ft FTP FILE SIZE:	GB UPLOAD COST: £
DATE:		GB OPLOAD COST. E