

Georgia Instructional Materials Center Transcriber Production Estimate



Date: _____

Transcriber: _____

Address: _____

Telephone: _____

Email: _____

Translation Software Used: _____ Version: _____

Title: _____

ISBN: _____

GIMC Access #: _____

Estimated number of braille pages: _____

Estimated number of graphics pages: _____

Estimated total volumes: _____

Timeline:

Volumes	Estimated Delivery Date	Volumes	Estimated Delivery Date

*Use an additional sheet if necessary.

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Sincerely,
The GIMC (a unit of the Georgia Department of Education)

