



1 PROJECT DETAILS QUESTIONNAIRE

1.1 CLIENT INFORMATION

Company or Institution: _____

Contact Person: _____

Title: _____ Name: _____

Company Address: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Website (if applicable): _____

1.2 Data Conversion Assumptions

Volume:

Initial: _____ pages / records / books / Others: specify _____

Regular: _____

Turnaround: _____ days / weeks / months

Source document format:

Hard copies (handwritten / printed / both)

Microfilm

Images

Others (specify) _____

Mode of source document transfer:

Electronic file transfer

Shipping Courier (e.g. FedEx, DHL, etc.)

Others (specify) _____

Output submission:

Partials at regular intervals

Daily

Weekly

Monthly

Specified: _____

Output format

Comma delimited TEXT file

Fixed field length TEXT file



- XLS (MS Excel)
- DBF (Database)
- MDB (MS Access)
- DOC (MS Word)
- Others (specify) _____

Output submission method

- Electronic file transfer (FTP, Email, etc.)
- CD, diskette, etc.
- Others (specify) _____

Others, please specify: _____

How would you like your files delivered? _____