PHYSICS MACHINE SHOP WORK REQUEST

Requested by_______________________________ Department______________

Email____________________________________ Phone___________________

Job name / project_______________________________________________________
_______________________________________________________________________

Priority_______ O.T. Approval (Y/N)______ Account #_________________________

Account #___________________________

Quantity__________________________

Date needed_______________________ Shop Job#______________________________ (Shop use only)

Notes:

Priority 1 = Department/ Instructional (usually funded by a department account).

Priority 2 = Undergraduate and graduate research, as well as funded research (includes senior design, usually funded by a research or faculty discretionary account).

Priority 3 = Other (all things not covered above).

Description of work to be done (attach sketches, prints, specifications, etc. on separate sheets).

Approval signature________________________________________ Date_____________

(Your signature certifies that the charges are appropriate to the priority, project, and accounts listed)