College of Engineering

Work Order For Engineering Machine Shop

Date of Request: _____

FROM: Requester: _____ Dept.:_____ Phone # _____

CONTACT: Name: _____ Building: _____ Room #_____

Phone# _____ Equipment Location: _____

DESCRIPTION OF WORK REQUESTED:

_____

_____

_____

_____

Desired Completion Date: _____

WORK RELATES TO: ( ) Sponsored Research ( ) Student Project ( ) Other

ACCOUNT #_____ WORK AUTHORIZED BY: _____

(Necessary if funds required) (Department Head if Department funding)
(Materials, Equipment, Etc.) (Faculty member if Faculty funding)

INFORMATION BELOW TO BE COMPLETED BY MECHANICIANS

WORK ASSIGNED TO: _____ DATE: _____

DESCRIPTION OF WORK REQUIRED: _____

_____

_____

_____

_____

PARTS REQUIRED: _____

_____

_____

_____

_____

OTHER INFORMATION: _____

MECHANICIAN: _____ HRS. LABOR: _____ DATE: _____