Chemical and Biomolecular Engineering Machine Shop

WORK REQUEST

Work Order Number: __________________________ Speed Type Number: ______________________

Name: __________________________ Date: ________________

Office phone: __________ Lab/Cell phone: __________ Room number: ______

This request is: (Please circle choice) Regular Priority Overtime

Brief Description of Job Requested:

Use additional pages as necessary

Faculty Approval: __________________________ Date: ________________

Overtime Approval by Chair __________________________ Date: ________________

Date work began: __________ Time: ________________

Date work completed: __________ Time: ________________

Billable time: ________________

Final Cost: