Machine Shop Work Requisition Form

Contact Information

Name of person submitting work: _____ Date: _____

Name of Faculty Supervisor/Principle Investigator: _____

Department: _____ Contact: _____

Billing Code:_____

Preliminary Estimate: _____ Hours x $40.00 = _____ Materials = _____ Total = _____

Approval Signature: _____

* *Must be signed by the Principal Investigator*
* *Approval and Billing Code must be obtained before work can begin.*

Job Description

For Office Use Only

Description of Materials	Cost
Total Material Cost	
Labour: hours @ $40.00/hour	
Total Cost	

Machinist: _____