College of Engineering
Work Order For Engineering Machine Shop

Date of Request:

FROM: Requester:	Dept.:	Phone #	
CONTACT: Name:	Buildi	ng: Ro	om #
Phone#	Equipment Location:		
DESCRIPTION OF WORK RE	QUESTED:		
Desired Completion Date:		-	
WORK RELATES TO: () S	Sponsored Research	() Student Project	() Other
ACCOUNT #	WORK AUTHORIZ	ED BY:	
(Necessary if funds required) (Materials, Equipment, Etc.)	(Department (Faculty men	Head if Department f	unding) a)
INFORMATION BEL	OW TO BE COMPLET	ED BY MECHANICIA	NS
WORK ASSIGNED TO:		DATE:	
DESCRIPTION OF WORK RE	QUIRED:		
PARTS REQUIRED:			
OTHER INFORMATION:			
MECHANICIAN:	HRS. LABO	₹:	DATE: