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: ___