

School of Engineering

Machine Shop Work Order

To: Allen W. Williams, BEC 172

Date of Request: _____

Requestor (Faculty/Staff): _____

Dept: _____

Project Contact: _____

Phone: _____

Location of Work if not in machine shop: _____

Description of Work Requested: _____

Desired / Expected Completion Date: _____

Work is: Student Project, list course _____

For Classroom / Laboratory _____

Sponsored Research

Account #: _____ Authorized by: _____

(Department Chair if departmental funding,
Faculty member if research funding)

Input from the shop administrator may be needed to complete the next three sections.

Material Supplied / Requested: _____

Tooling Required: _____

Estimated Labor Hours: _____