U·A·L·R GRADUATE INSTITUTE OF TECHNOLOGY

Machine Shop Work Request Form

ORDER #

PROJECT NAME:	NEED DATE: / /

SUBMISSION DATE: / /	GRANT, DEPT., CLASS, OR CUSTOMER NAME	FOAPAL OR CUSTOMER PO #:

SUBMITTED BY	PHONE #: ( ) E-MAIL:	PRINCIPAL INVESTIGATOR:	PHONE #: ( ) E-MAIL:

ITEMS REQUESTED

ITEM #	DESCRIPTION	QTY

NOTE: ITEMS THAT ARE CONTAINED WITHIN A DOCUMENTED ASSEMBLY DO NOT NEED TO BE LISTED INDIVIDUALLY.

MATERIALS SUPPLIED

DESCRIPTION	UNIT	SIZE	QTY

NOTE: UNLESS OTHERWISE SPECIFIED, UNUSED MATERIALS WILL BE SCRAPPED OR ADDED TO GENERAL SHOP STOCK.

ESTIMATE

	ESTIMATED COSTS	ESTIMATED MATCHING
DESIGN	_____ hrs @ $_____/hr = $_____	_____ hrs @ $_____/hr = $_____
MATERIALS	$_____	$_____
LABOR	_____ hrs @ $_____/hr = $_____	_____ hrs @ $_____/hr = $_____
MACHINE USE	_____ hrs @ $_____/hr = $_____	_____ hrs @ $_____/hr = $_____
SUBTOTALS	**$**_____	**$**_____

ESTIMATED BY	DATE: / /	PI APPROVAL:	DATE: / /	**ESTIMATED TOTAL**	**$**

COSTING

	ACTUAL COSTS	MATCHED COSTS
DESIGN	_____ hrs @ $_____/hr = $_____	_____ hrs @ $_____/hr = $_____
MATERIALS	$_____	$_____
LABOR	_____ hrs @ $_____/hr = $_____	_____ hrs @ $_____/hr = $_____
MACHINE USE	_____ hrs @ $_____/hr = $_____	_____ hrs @ $_____/hr = $_____
SUBTOTALS	**$**_____	**$**_____

SHOP COORDINATOR:	DATE: / /	RECEIVED BY	DATE: / /	**TOTAL**	**$**