MACHINE SHOP WORK REQUISITION

NAME OF PERSON SUBMITTING WORK: _____ **DATE:** _____

NAME OF FACULTY SUPERVISOR/PRINCIPLE INVESTIGATOR: _____

DEPARTMENT: _____ **EMAIL:** _____ **EXT:** _____

BILLING CODE: ☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐

Fund Department Trust Project Object

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

APPROVAL (up to $1500.00):_____ **COLLEGE:** _____

(signature of Principal Investigator)

APPROVAL and BILLING CODE MUST BE OBTAINED BEFORE WORK CAN COMMENCE

JOB DESCRIPTION

MATERIALS USED:

DESCRIPTION OF MATERIALS	COST
Total Material Cost	
Labour: _____ hours @ $40.00/hour	
TOTAL COST	

Machinist:_____