

Project Contact Name: _____
 Project Contact Phone: _____
 Project Contact Cell Phone: _____
 Project Contact E-mail Address: _____
 Project Contact Department: _____

Date: _____
 PI Name: _____
 PI Department: _____
 PI Email: _____
 PI Phone: _____

Type of Work	Machining: _____ Instruction: _____	Please circle which department you belong to:
		ME Department Other(Please write name) :

Machining

Source of Materials: Provided by Client
 Date Needed: _____

Detailed Description of Work: _____

Is machining to be done solely by ME Machinist Matt McCormick, Yes or No?: _____

If no, who will be working with Matt? and what is the request scheduled?: _____

If no then please attach all safety transcripts, to this request:

Estimate:
 Hours of Work:
 Approximate Price:
 Actual Hours:

Instruction

Basic uses in Design (Designate all that Apply):

1. Milling: _____
2. Lathe: _____
3. Grinding: _____
4. Other: _____

Estimate:
 Hours of Work:
 Approximate Price:
 Actual Hours:

Comments: _____

Project/Contact/PI Home Department User:		For ME Use	
Fund: _____	PI Approval: _____		Received _____
Amount: _____	MSO/Analyst Approval: _____		ME Entry _____
Expiration Date: _____			Dept. Approval _____