Machine Shop Work Request Form
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Requestor (Print): ___________________________ Department Name: ___________________________

____ Faculty _____ Undergraduate Student _____ Graduate Student _____ Staff

____ Other  Phone #: ________________________  E-mail: _________________________________

Faculty advisor approval (initials) required for students place on drawing

Title of Work/Project: _________________________________________________________________

Brief Job Description

_______________________________________________________________________________

_______________________________________________________________________________

Materials to be provided by Requester:  ____ Yes  ____ No

_______________________________________________________________________________

OFFICE USE ONLY

Cost Center to Charge Supplies: _______________________  Supply Cost: $ __________

Cost Center to Charge Labor: _______________________  Labor Cost: $ __________

Date Started _________  Date Completed _________  Project Total Hours: _________

_______________________________________________________________________________

Signature of Technician After Job is Complete  ___________________________  Date Completed