



Machine Shop Work Request Form

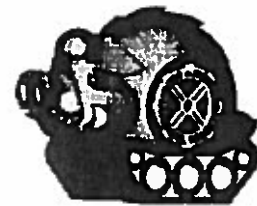
Ben Fleming

Department of Mechanical Engineering

V-mail 479-575-5506

Fax: 479-575-6982

E-mail: bnf@uark.edu



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