

MACHINE SHOP WORK REQUEST

DATE: _____ WORK ORDER # _____

REQUESTOR'S NAME: _____

PI: _____

PHONE: _____ REQUESTED COMPLETION DATE: _____

Brief Description of Project: (Attach drawings and specifications as required)

Items to be completed by CMS Instrument Maker and/or Admin. Officer:

1. Account number for purchase of materials: _____ - _____ - _____
2. Estimated cost of materials \$ _____
3. Estimated time for fabrication _____
4. Estimated delivery date _____

Signature by the appropriate authority in the space provided below indicates that the cost and delivery date estimates for this work are acceptable and the necessary funds are available. For definition of appropriate authority, see CMS Procedure 1.15.

Actual cost of completed project \$ _____

Actual time for fabrication _____

Completion date _____

Please email completed pdf to: styronj@uncw.edu AND atend@uncw.edu