

**NCSU PRECISION INSTRUMENT MACHINE SHOP**

**WORK REQUEST FORM**

NORTH CAROLINA STATE UNIVERSITY

COLLEGE OF ENGINEERING, BOX 7901

2500 STINSTON DR

RM 1136 BURLINGTON LABS

919 – 515 – 2834

JOB # \_\_\_\_\_

FAS ACCOUNT # \_\_\_\_\_

REQUESTOR: \_\_\_\_\_

BILL TO (BOOKKEEPER): \_\_\_\_\_

PHONE No. : \_\_\_\_\_

DEPT : \_\_\_\_\_ BOX No. : \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

ADVISOR / PI : \_\_\_\_\_

	ESTIMATE OF CHARGES	CHARGES BILLED
SHOP USE CHARGE		
MATERIALS CHARGE		
TOTAL		

\_\_\_\_\_  
AUTHORIZED / PI SIGNATURE      DATE

\_\_\_\_\_  
SHOP SUPERVISOR      DATE

DESCRIPTION OF REQUEST:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_