

Department Of Mechanical Engineering

3D Printing Quote (Research Use Only)

Student Contact Information

First Name:

Last Name:

E-mail:

UIN:

Date:

Research Professor Contact Information For Approval

First Name:

Last Name:

Account Number: (All 11 digits)

Not needed until the estimated quote is finalized

Email:

Part Information

Estimated date you will need the part(s)?:

3D Printer Material Type

Laser Cutter

File Name:

Quantity:

File Name:

Quantity:

File Name:

Quantity:

File Name:

Quantity:

File Name:

Quantity:

File Name:

Quantity:

3D Printing Type:

3D Printer:

Infill %

Technician Information

First Name:

Last Name:

Estimated Labor Time:

Estimated Print Time:

Estimated Total Cost:

Please email this form & your .stl file to meen3dprinting@tamu.edu. A technician will contact you to complete the estimated quote. Professor's account number is not needed until the quote is finalized.