MECHANICAL ENGINEERING MACHINE SHOP WORK REQUEST FORM

*JOB#  DATE IN-____/____/______  DATE OUT-____/____/______

*NAME:  * PROFESSOR:

LOCAL PHONE:  OFFICE PHONE:

*E-MAIL:  RESEARCH ___  ACADEMIC ___

*AUTHORIZATION OF UP TO:  __$100  __$500  __$1000  __$1000+

*FACULTY ADVISOR SIGNATURE:

*TEES ACCOUNT/PROJECT:
  08-______-______

*TAMU ACCOUNT/PROJECT:
  02-______-______

BLUE PRINTS:  YES ___  NO ___

*JOB DESCRIPTION


*MATERIALS/PARTS SUPPLIED


---BILL OF MATERIALS (shop use only) ---

<table>
<thead>
<tr>
<th>ITEM</th>
<th>QUANTITY</th>
<th>COST</th>
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<tbody>
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<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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$24.00* HRS-$ TOOLING COST: $ MATERIAL COST: $

TOTAL: $

SHOP PERSONNEL APPROVAL:  DATE: ____/____/______