



**MACHINE SHOP
WORK ORDER REQUEST FORM**

Instructions

- 1) Form should be completed and emailed to Matt Beebe at m.beebe@uconn.edu.
- 2) All items with (*) must be completed.
- 3) Include project manager's authorization.

Type of Service/Work to be Performed

*Type of Service:		*Work to be Performed:	
Electrical	Instrumentation	Analyze	Design
	Mechanical	Modify	Repair
		Fabricate	Supplies
*Blueprint Attached:		Yes	No

Requester Information

*Request Date: _____

*Requester Name: _____

*Home Department: _____

*Building/Lab #: _____

*Email/Phone: _____

*KFS # to Charge: _____

*Project Manager's Authorization: _____

Grant Justification (when applicable)

Project Name: _____

Use space below or project drawings/instructions:

MACHINE SHOP USE ONLY BELOW THIS LINE

W.O.# _____ D: _____ L: _____ S: _____

Estimate: _____

(Estimate does not include modifications from original design. Details available on request.)

Final Cost: _____ Date: _____

OFFICE USE ONLY BELOW THIS LINE

Date Received	KFS #	Fiscal Approval