RESEARCH MACHINING SERVICES
WORK ORDER
Formerly the Central Machine Shop

☐ Request for estimate (When estimated, this form will be returned for approval to proceed)

☐ Approval to proceed

Department Name: ____________________________________________
(Printed) Customer Contact: ____________________________
Customer Contact E-mail: ____________________________
Professor Name (if applicable) ____________________________

Date: ____________________________
Date Required: ____________________________
Completion Date: ____________________________

**Fund
**Cost Center or WBS#
**Business Partner #
**Internal Order #, PM Work Order #
or SIO #

**Note: Check Website www.purdue.edu/dp/MachineShop/ for what account numbers are needed for proper billing.

Business Office Approval (Print) Phone:
Business Office Approval (Sign) Date:

The estimated manufacturing cost indicated on this form is an ESTIMATE ONLY and NOT a firm bid. The account number shown will be charged the actual cost of the job.

Estimate of Costs ____________________________
Signature, Research Machining Services ____________________________
Date ____________________________

DESCRIPTION OF WORK TO BE PERFORMED OR MATERIAL NEEDED

Picked Up By: ____________________________