

**RESEARCH MACHINING SERVICES  
WORK ORDER**

Formerly the Central Machine Shop

For RMS USE ONLY				
WORK ORDER NO.				

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

WO Creation Date: \_\_\_\_\_

WO Close Date: \_\_\_\_\_

Department Name: \_\_\_\_\_

(Printed) Customer Contact: \_\_\_\_\_

Customer Contact E-mail: \_\_\_\_\_

Professor Name (if applicable) \_\_\_\_\_

Customer Phone # \_\_\_\_\_

Date: \_\_\_\_\_

Date Required: \_\_\_\_\_

Completion Date: \_\_\_\_\_

**\*\* Note: Check Website [www.purdue.edu/dp/MachineShop/](http://www.purdue.edu/dp/MachineShop/) for what account numbers are needed for proper billing.**

<b>**Fund</b>									

<b>**Cost Center or WBS#</b>									

<b>Business Office Approval (Print)</b>

<b>Phone:</b>

<b>**Business Partner #</b>									

<b>**Internal Order # , PM Work Order # or SIO #</b>									

<b>Business Office Approval (Sign)</b>

<b>Date:</b>

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: \_\_\_\_\_