



CENTRAL MACHINE SHOP WORK ORDER

Return To: Central Machine Shop

For CMS 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) Staff Contact: _____

Staff Contact E-mail: _____

Professor Name (if applicable) _____

Phone No. _____

Date: _____

Date Required: _____

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

**Fund							

**Cost Center or WBS#							

Business Office Approval (Print)	Phone:

**Business Partner #							

**Internal Order # , PM Work Order # or SIO #							

Business Office Approval (Sign)	Date:

Approval of Administrative fee of 50% Labor for "Rush" or Overtime Requested Jobs (signature, if desired) _____

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, Central Machine Shop _____ Date _____

DESCRIPTION OF WORK TO BE PERFORMED