



RESEARCH SHOP

University of Minnesota
2-134 Mechanical Engineering
Office Phone: 612-625-2062
Floor Phone: 612-625-0549

FOR OFFICE USE ONLY

Order Number: _____ Packing List Number: _____

Job Number: _____ Invoice Number: _____

Machinist: _____

WORK ORDER REQUEST

Submit the completed form to the Machine Shop ME 2-134.

Requested by: _____ Date: _____

Phone No: _____ Advisor: _____

Email Address: _____ Department: _____

Is this work/materials part of a fabrication? Yes No If yes, FAB ID No: _____

_____	_____	_____	_____	_____	_____	_____
Fund	Dept ID	Program	Project	CF1	CF2	Employee ID

Work Description: _____

Why is this work required? _____

Job Estimate

Design Estimate: _____ hrs. Machine Time Estimate: _____ hrs.

Cost Estimate: \$ _____ No Estimate Required

Current Shop Rate is \$70/ hour. Cost estimates do not include material costs.

Advisor's Signature _____