

# 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) \_\_\_\_\_

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

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

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.**

**Fund							

**Cost Center or WBS#							

Business Office Approval (Print)

Phone: \_\_\_\_\_

**Business Partner #							

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

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: \_\_\_\_\_