

**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: _____

Phone No. _____

(Printed) Staff Contact: _____

Date: _____

Staff Contact E-mail: _____

Date Required: _____

Professor Name (if applicable) _____

**** 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:

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