

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) Staff Contact: _____

Staff Contact E-mail: _____

Professor Name (if applicable) _____

Phone No. _____

Date: _____

Date Required: _____

For RMS USE ONLY					
WORK ORDER NO.					
WO Creation Date: _____					
WO Close Date: _____					

**** 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

--