

# Machine Shop Work Request Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_

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

Department: \_\_\_\_\_

*Check the appropriate box and provide information.*

Senior Design    Team #: \_\_\_\_\_ Technical Manager: \_\_\_\_\_

Student Project    Class: \_\_\_\_\_ Faculty: \_\_\_\_\_

Research    Professor: \_\_\_\_\_

Other    Describe: \_\_\_\_\_

Laser Engraver

\*Work Request Authorized By

Name: \_\_\_\_\_ Email: \_\_\_\_\_

\*\*Cost Center Number: \_\_\_\_\_

\*\*\*Signature: \_\_\_\_\_

*Give a description of the work requested. Please provide a blueprint and part CAD file if available. A hand drawn sketch is also permissible. Material should be provided before work begins. Please indicate if a quote is needed before work begins.*

Part Number: \_\_\_\_\_ Part Name: \_\_\_\_\_ Qty: \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_ Total Time: \_\_\_\_\_ Qty: \_\_\_\_\_

\*Work must be authorized by the cost center owner.

\*\*Cost center number must be listed before work is started. *Senior design teams do not need a cost center number.*

\*\*\*Grant cost center numbers must have the signature of the grant owner.

Completed forms may be emailed to [MEmachine@utdallas.edu](mailto:MEmachine@utdallas.edu) or delivered to the machine shop at [NL 1.701](#)