

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 or delivered to the machine shop at [NL 1.701](#)