

Maryland Machine Shop Service Request Form

TO BE COMPLETED BY DEPARTMENT OR CENTER REQUESTING SERVICES:

CHE10	0001
Dept./Center Code	(Dept./Center #)

Date: _____

Request with: **Maryland Machine Shop**

Requested by: _____
(Dept. or Center)

Mark for: _____
(Name)

Description:

Charge to Account:

Fund#: _____

Authorized by: _____
(Faculty or Administrator)

CC/IO#: _____

G/L#: _____

Capital Equip Tag#: _____

Phone #: _____

Forward completed form to wkrug1@jhu.edu

TO BE COMPLETED BY MACHINE SHOP PERSONNEL

Material Cost: \$ _____

Date Completed: _____

Services Cost: \$ _____

Completed by: _____

TOTAL: \$ _____

(print name)

Consultation Time

Date	Hours	Minutes

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Please note: Service Request jobs cannot be picked up until a Department or Center job number has been assigned by the Administrator.