



University of Texas at Arlington
 Mechanical & Aerospace Engineering Department
Machine Shop Work Order



Requestor Information:

First Name: _____

Phone Number: _____

Last Name: _____

Account Number (Cost Center): _____

Department: _____

Charge to Professor: _____

Building & Room Number: _____

Date Needed by: _____

Email Address: _____

Budget Limit: _____

Approved by (account holder signature): _____

Job Description

Please be specific and precise in your description. Attach a diagram and include all necessary dimensions and fitting sizes. Prefer dimensions be given using English system. Person placing the order must supply non-stock items.

Submit completed form to Scott Eichmann: scott.eichmann@uta.edu or in person in the
Machine Shop, Woolf Hall 116

For Office Use Only:

Total Estimate: _____

_____ hours @ \$40 per hour: _____

Projected Completion Date: _____

Material Cost: _____

Date Completed: _____

Total Bill: _____