MACHINE SHOP JOB REQUEST

shopform.tex

Spokesperson: **Job Name:**

Daytime Phone: **Date Submitted:** **Date Needed:**

E-mail Address: **Number of Parts Drawings:**

Supervisor: **Number of Assembly Drawings:**

Desired Priority: Standby . . . . . Low . . . . . Normal . . . . . High . . . . . Ultimate

Deadline or Reason for Urgency:

Instructions:

Customer Supplied Materials:

Machine Shop Supplied Materials:

For Official Use Only

Drawings Submitted: Checked By: Material:

Estimated Labor (hrs.): Estimated Materials ($):

Estimated Total Charges: $ Job Number: Account:

Supervisor: Approved:

Priority: Standby Low Normal High Ultimate