

PHYSICS DEPARTMENT FORM 1	SHOP REQUISITION	JOB NO.
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DATE * SUBMITTED	DATE NEEDED *	FUND *	COST CENTER *	ORDER *
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By signing below, I authorize the Instrument Machine Shop Forman or designee the authority to incur expenses related to this project on the above account.

e-mail *	phone *	Departmental Authorized Signature
_____	_____	_____
<small>* SUBMITTED BY</small>	<small>APPROVED BY</small>	

NAME OF APPARATUS AND DESCRIPTION OF WORK *

DATE	HOURS	INITIALS	DATE	HOURS	INITIALS	DATE	HOURS	INITIALS	DATE	HOURS	INITIALS	DATE	HOURS	INITIALS			
MATERIALS									UNIT COST			TOTAL			DATE PROMISED		
															DATE COMPLETED LABOR		
															MATERIAL		
															TOTAL		