



ASE/EM RESEARCH MACHINE SHOP WORK ORDER

Date: / /

Requested by: _____ Phone: _____ Email: _____

Completion Date Requested: / /

UT Account # to be Charged: - -

Department Accounting Contact: _____

Name of Authorized Signer: _____

Signature of Authorized Signer _____

| Item # | Description (print or sketch requested) | Quantity |
|--------|--|----------|
| | | |

CHECK LIST

- Account Number and Authorizing Signature
- Name and Contact Information
- Sketch, Print, or Mechanical Drawing Attached
- Materials and Hardware
- Written Description of Work to be Done

Regular Hours Worked: _____ @ Regular Rate: _____ = _____

Overtime Hours Worked: _____ @ Overtime Rate: _____ = _____

