

Work Order Request

Please complete all fields and send to GlassShop@chemistry.gatech.edu

Request date: _____ Full Name: _____

Phone #: _____ Email: _____

GT Internal customer using an ISS form w/ Doc ID & Project #

PI/Advisor Full Name: _____

Department/School: _____

Doc ID #: _____ Project #: _____

(These will be required after the estimate is approved and before fabrication can begin)

Fabrications will not be scheduled until an approved ISS form is received.

ISS forms are issued through your department finance office.

If your fabrication is time sensitive provide a preferred pick up date _____

understanding the order will not be scheduled until the ISS is received.

(We can't guarantee pick up dates but will make our best effort)

Fabrication Details

Include a description below or attach drawing, picture, etc. with your request.

Glass Shop Use Only

Labor Hrs Est: _____ @: \$50/Hr: _____ Material Est: _____ Total Est: _____

Estimates are approximate. Projects are invoiced for actual cost of labor & material

Labor Actual: _____ Material Actual: _____ Total Invoice: _____

Invoice date: _____

Your signature states that you have inspected and approve the final fabrication upon pickup

Customer pick up date: _____

Customer signature: _____