

**Fabrication Request Form** 

Date: \_\_\_\_\_

500 West 120th Street 161 Engineering Terrace New York, NY 10027 Phone: +1.212.854.3158

Fax: +1.212.854.4084

Email: <u>car</u>	<u>leton@civii.coiur</u>	<u>nbia.edu</u>					
ACCOUNT INFORMA REQUESTING DEPARTMENT	ATION MUST BE PC BUS	PROJECT	COMPLETELY, NO B	LANK SPACES INITATIVE	SEGMENT		FUND CODE
REQUESTER:	Name		UNI		Approva	I Signature	
PRINCIPAL INVESTIGATOR:	Name		5141		Д		•
BUSINESS MANAGER/DAF:	Name		UNI		Approva	l Signature	!
	Name		UNI		Approva	l Signature	

## **DESIRED COMPLETION DATE:**

DESCRIPTION OF WORK REQUESTED	ESTII	MATE	ACTUAL COST**			
	HOURS	COST	HOURS	COST		
TOTAL						

## SIGNATURE UPON COMPLETION:

<sup>\*</sup> Fabrication Request Form must be signed by the Requester, Account Owner, and Account Manager for work to commence.

<sup>\*\*</sup> While estimates will be provided at the best of lab management's ability, the client will be charged actual time worked at a rate of \$75/hour plus materials and supplies. Upon completion of work, the Carleton Laboratory will debit total project cost by ITJE. Services will be charged to -64005 natural account, materials to -61500 natural account.

CARLETON LABORATORY

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