

Fabrication Request Form

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

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

Fax: +1.212.854.4084

Email: carleton@civil.columbia.edu

ACCOUNT INFORMA	ATION MUST BE	FILLED OUT COMPLETELY, NO B	BLANK SPACES	
REQUESTING	PC BUS	PROJECT ACT.	INITATIVE SEGMENT F	UND
DEPARTMENT		UNIT	C	CODE
REQUESTER:				
	Name	UNI	Approval Signature	
PRINCIPAL				
INVESTIGATOR:				
	Name	UNI	Approval Signature	
BUSINESS				
MANAGER/DAF:				
	Name	UNI	Approval Signature	

## **DESIRED COMPLETION DATE:**

DESCRIPTION OF WORK REQUESTED	ESTII	MATE	ACTUA	L 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 for non-CEEM departments or \$50/hour for CEEM 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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